The American Journal of
NURSING

Volume XXX SEPTEMBER, 1930 Number 9

Hodgkin's Disease

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FRED W., a 24-year-old single drug store clerk, was seen by a physician in February, 1927. He was complaining of a cold and a swelling in the neck which had troubled him for two weeks. He had had the mild contagious diseases of childhood, but had never been seriously ill. His tonsils were removed when he was twelve years old, "because they were too big." His habits were good and he worked steadily and took plenty of outdoor exercise.

He told the doctor that several other clerks at his store were suffering from mild colds and that he would not have asked for medical attention if his friends had not noticed some lumps on the right side of the neck, which he thought were getting larger, because his collars no longer fitted properly. There were no other complaints and he felt perfectly well otherwise. The doctor looked into his nose and throat and told him that there was an infected piece of tonsil remaining in the right side of the throat. On the right side of the patient's neck he found some enlarged lymph glands. They were not tender to the touch, but two of them were the size of almonds. None were noted on the left side. The temperature was 99°. The physician advised a hot saline gargle, cold compresses to the neck at night, and painted the tonsil with a thick brown liquid. He thought the glands would gradually disappear and that the tonsillar remnant should be removed.

Comment.—It is characteristic of the onset of Hodgkin's disease that the patient is perfectly well except for frequent upper respiratory tract infections. Palpable lymph glands, usually in the neck, but sometimes elsewhere, are the first sign of the disease, and they are large, discrete, and not tender. They did not seem important to the doctor, because an infected tonsil was thought to be responsible.

First Hospital Entry

THAT summer, six months after the doctor's visit, another doctor was called to see him and sent him into the hospital for a complete examination. For several months the glands in the neck remained about the same size, but did not bother him. Recently they had grown rapidly. He did not feel as strong as usual, and his family thought he was pale. However, he had been working up until the day he entered the hospital and did not consider himself sick.

On physical examination he appeared alert and well nourished. The sallow skin and mucous membranes gave evidence of a moderate anemia. The striking feature of his condition

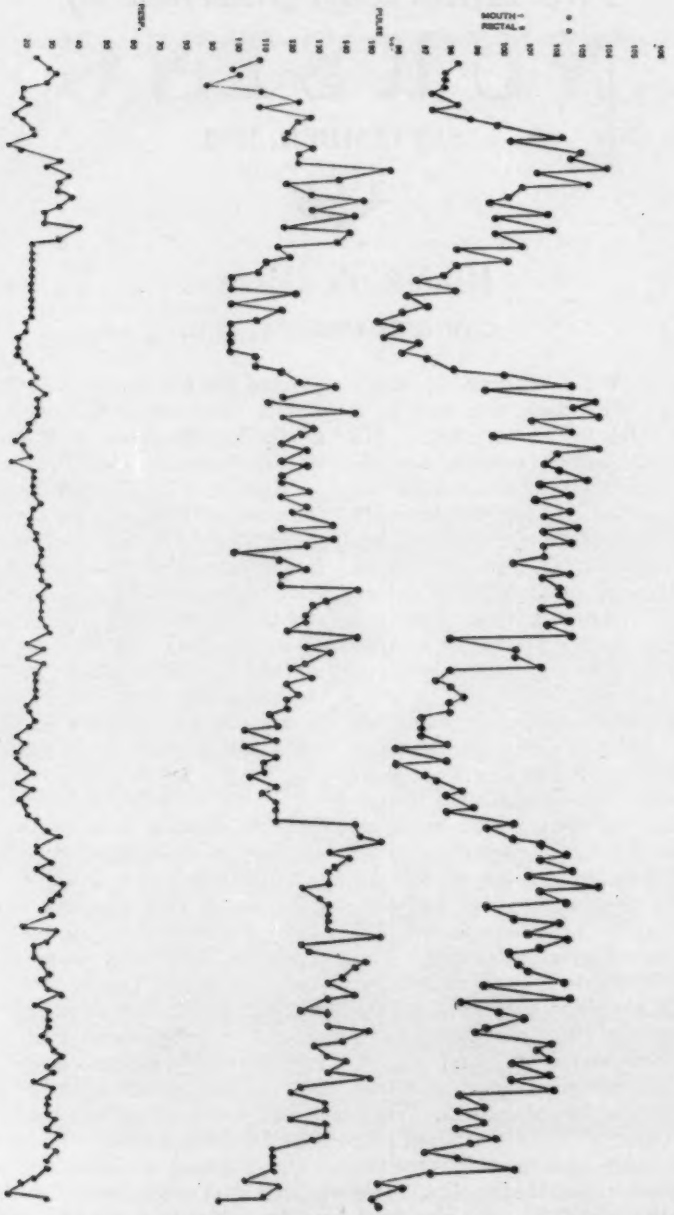

CHART SHOWING FOUR-HOURLY TEMPERATURE, PULSE, AND RESPIRATION IN HODGKIN'S DISEASE

was a tangerine-sized swelling in the right side of the neck. This was composed of a large group of lymph glands varying in size from a pea to a walnut. There were three small glands felt on the left side of the neck. Also there were several enlarged glands under both arms, some the size of almonds, and some small ones in the left groin. On examining the abdomen, an enlarged spleen was readily felt. No other abnormalities were noted. His temperature was normal.

A blood count showed anemia. The red blood corpuscles were 3,800,000 per cu. mm. of blood, and the hemoglobin was 65 per cent. There was no increase in the number of white blood cells. The urine and the blood Wassermann were negative. An x-ray of the chest showed enlarged glands in the mediastinum at the bifurcation of the trachea. One of the glands in the right side of the neck was removed under local anesthesia and sent to the pathology laboratory for microscopic examination. The report of the findings in this gland stated that there were many large irregular cells, the so-called "Dorothy Reed giant cells," which occur only in Hodgkin's disease. Therefore, this biopsy report settled the diagnosis.

As the patient was not suffering in any way no symptomatic treatment was indicated. However, x-ray treatments to the spleen were started. After the first treatment he felt ill and had a slight fever with rapid pulse. As such an effect is not uncommon and as it usually passes off quickly, further treatments were given. He had no more untoward reactions to the therapy. At the end of three weeks all the lymph glands had gone down considerably in size, and those in the left side of the neck and in the groin had entirely disappeared. His spleen also had become much smaller. He was sent home and was told to report to his doctor at frequent intervals.

The father of the boy wished to know the nature of his son's trouble. He was told that it was Hodgkin's disease, the cause of which was unknown, and that it was not uncommon in children and young adults, usually in males. As he wished to know the exact outcome of his boy's illness, he was told that the disease is incurable, but that with x-ray treatments he should get along very well for two or three years.

Comment.—The patient gradually developed the typical clinical picture of Hodgkin's disease: Generalized enlargement of the lymph glands, an enlarged spleen, and anemia. The superficial glands are readily detected as they may be felt, but enlarged ones in the mediastinum and abdomen will only be suspected if they are producing pressure on other structures, such as the trachea, a bronchus, the esophagus, the bowel, or the bile duct. X-ray treatments as carried out do not lengthen the course of the disease materially, but by reducing the size of the glands and thereby relieving pressure symptoms, they make the patient much more comfortable. They keep the disease in abeyance for a period of time.

Second Hospital Entry

FRED reëntered the hospital in August, 1929, two and one-half years after his original illness at home. One year previously, his glands had increased in size, but retrogressed after a second course of x-ray treatments. For the past month he had gone down hill rapidly, becoming pale, weak, and short of breath. For two weeks his skin had itched a great deal, disturbing his sleep.

He appeared pale and weak, and he had to be propped up in bed in order

to breathe. All the superficial glands could be felt, but none were very large. They were discrete and not tender. The skin showed evidence of frequent scratching. The spleen was so large that the lower border could readily be felt a hand's breadth below the left lower rib margin. It was firm and not tender. He had a fever of 102° and the blood showed a slight increase in the number of white blood corpuscles. The red blood count was 2,800,000, the hemoglobin 52 per cent. An x-ray of the chest showed a large mass of glands at the bifurcation of the trachea, evidently pressing on it and on the left main bronchus. Evidently this pressure was obstructing his breathing. An x-ray treatment over the chest made him very ill with nausea and vomiting. His condition was considered critical.

During his eleven weeks' stay in the hospital Fred grew progressively worse. The dyspnea became more pronounced and he coughed a great deal, raising a little sputum. He ran irregular bouts of fever of the Pel-Ebstein type as shown in the chart. He grew pale and weak. X-ray therapy was abandoned as he did not respond to it. At the end of the eleventh week he developed a terminal bronchopneumonia and expired.

A complete autopsy was performed which showed Hodgkin's disease of the superficial lymph glands and also of the mediastinal and abdominal ones. The spleen was extensively involved and showed the characteristic porphyry appearance on cut surface. The liver was slightly enlarged and was also affected. The lower trachea and left bronchus were compressed by a large mass of lymph glands, and both lungs showed patches of bronchopneumonia.

Comment.—This patient did very well for a period of time and then went rapidly down hill with symptoms of mediastinal pressure, anemia, itching of the skin and fever. This is the usual course of events and places Hodgkin's disease in the class of disorders of which we do not know the cause and for which we have no cure.

The Nursing Care of Hodgkin's Disease

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THE patient afflicted with a disease of unfavorable prognosis presents to the real nurse a stimulus to put forth her best efforts in rendering nursing care which will give a maximum of comfort and, if possible, a feeling of well-being and usefulness. Among the various maladies which have an insidious and progressive downhill course, Hodgkin's disease stands out as one in which the skilled, talented, and versatile nurse may be of unlimited value.

Hodgkin's disease has been described as "a disease characterized by painless, progressive enlargement of the lymph glands, with anemia and a fatal termination." Fever is often present and in the late stages cachexia is marked. The liver and spleen are frequently enlarged. The fact that the cause of this disease is unknown,

that it is fatal, and that it usually attacks young adults, inspires the nurse to help the patient retain his efficiency as long as is possible. This may be done in many ways, especially if she has the care of the patient in the early stages of the disease.

First of all, the environment and hygienic conditions should be the best that circumstances permit. Bed rest, alternating with periods of normal activity as indicated, fresh clean air, and sunshine play a large part in combating the mental depression and anemia that are apt to afflict the sufferer as the disease progresses. Second to these, the diet is of paramount importance, for loss of weight is often a troublesome symptom and, when there is fever, there may be a sluggish appetite to tempt. Appetizing meals, high in calories and vitamins, are essential to increase the patient's weight and his resistance to the encroachments of the disease. Next in importance is occupational therapy. As the patient suffers little or no discomfort during the first few months, aside from weakness and perhaps an itching eruption of the skin, he should be kept busy with something that interests him. There are any number of occupations that require a small output of energy and which may be employed to divert the patient's attention from his insidious illness. Besides reading, games, and music, the occupational therapy department in any modern hospital offers many suggestions. The nurse thus utilizes the definite psychological help contributed by the feeling of worthwhileness which the average human being derives from the making of some thing tangible, even though it be very simple.

In the later stages of this disease, when the patient's vitality is lowered and he is definitely bedridden, pressure symptoms may arise from masses of enlarged glands compressing the esophagus, trachea, nerves, and the vessels of the circulation. This may cause severe pain and edema in the chest, abdomen, genital organs, and extremities. The orthopneic position will probably be necessary to ease the difficult breathing. External pressure may be relieved by the support of pillows and air cushions properly placed and will do much to rest the patient and prevent decubiti. These precautions are very essential when the patient is emaciated. Tepid sponges and alcohol rubs are valuable for temporary reduction of fever and to keep the skin in good condition. The pruritus which is so often present and very distressing to the patient may be alleviated somewhat by soda bicarbonate and starch baths and by soothing lotions. Quinine and iron tonics are useful for their upbuilding properties and arsenic also has some positive value, and is usually given in the form of Fowler's solution in increasing doses. Morphia is often necessary to relieve intense pain.

Twenty years ago x-rays were discovered to be useful in the relief of symptoms due to the enlarged glands. Subsequent research has produced nothing of definite curative value in Hodgkin's disease. X-ray therapy is almost always effective in reducing and sometimes entirely eliminating these glands, but there may be great variation in the reaction of individual cases treated by this means. The glandular masses tend to recur and with them more severe constitutional symptoms such as weakness amounting to prostration, fever, great loss of weight, and marked pain and dyspnoea due to mediastinal pressure. Thus, until a "sure cure" is found for this disease, the comfort the patient derives from palliative treatment and

good nursing care is of major importance.

Two Nursing Problems

THE two patients observed in the hospital suffering with Hodgkin's disease were more than twenty years apart in age. They showed about the same stage of development of the disease while presenting somewhat different problems in nursing care.

Edward, age sixteen, entered the hospital clinic for the first time in June, 1929. He is a farmer boy, born and raised on a Nevada homestead, and is one of a family of nine children. His parents and brothers and sisters are all living and well; his aunt, on his mother's side, died of Hodgkin's disease.

This boy's complaints were general weakness, enlarged glands in his neck and groins, shortness of breath, productive cough, palpitation, frequent epistaxes and itching skin. He had lost thirty pounds in the six months preceding his first visit to the clinic.

On physical examination a gland the size of a large pecan was found in the neck and several smaller ones in the groins. The liver reached to the umbilicus; the spleen was not felt. Red macules were seen scattered over the skin. The patient had a severe cough and looked worried and uncomfortable.

On admission to the ward, Edward's temperature was 102.4°, pulse 120, and respirations 40. The blood count showed the hemoglobin and red cells to be normal, but the white cells numbered 38,000. He was put on absolute bed rest, and given soft diet with forced fluids. In the beginning his appetite was very poor, but care was taken to learn his likes and dislikes and a special effort directed toward making his meals appetizing. In a few days, as his fever subsided, he was able to eat a diet containing about 3,000 calories per day.

Starch and soda bicarbonate baths were given twice a day for the pruritus, and also calamine lotion, applied three or four times a day, relieved the itching very satisfactorily. With the continued bed rest his cough lessened considerably, and the half grain of codein ordered for cough was needed only three or four times. The boy seemed to dream a great deal and often cried out in his sleep, waking the other patients in the ward. It was found that a bedtime dose of one grain of luminal made his sleep much quieter. With this medication, if he did waken in the night, a glass of hot milk and an alcohol rub put him back to sleep again.

X-ray plates of Edward's chest showed both lung fields almost filled with dense shadows of varying size and more or less globular shape, suggesting infiltration due to Hodgkin's disease. The microscopic examination of a small gland excised from his neck showed many polynucleated giant cells known as Dorothy Reed cells, which are diagnostic of Hodgkin's disease.

X-ray therapy was started at once. Edward suffered a severe systemic reaction from the first treatment, his fever rising to 104° and his pulse becoming very rapid. He was nauseated and vomited several times; however, a tepid sponge and one tablet of allonal relieved and quieted him. The diet was restricted to liquids for one day. The febrile reaction was of short duration so that x-ray treatment was given again the next day in smaller dosage. This therapy was continued daily for three weeks and then twice weekly for five months.

It was most interesting to watch the daily progress of the patient, both mental and physical. The first few days in the hospital he was apprehensive, irritable, and depressed, and

objected to everything the nurses did for him. In a few days, he began to feel better, took his food with relish and was very enthusiastic over the malted milks and eggnogs served to him between meals and at bedtime. He took interest in the ward activities, and often played checkers or cards with other patients in the ward. The radio was always a source of entertainment to him and he began to read books from the hospital library. He was taken to the roof in a wheel chair each morning and afternoon for fresh air and sunshine. Two weeks after his entrance to the hospital his temperature was normal and he was up and about. He was then allowed to live outside the hospital, returning twice a week for x-ray therapy. The return to activity encouraged the patient and made him much happier. In a month's time he had gained seven pounds. In December he returned to his home in Nevada, but continued x-ray therapy fairly regularly although he had to drive sixty miles to town for the treatments.

In March, 1930, Edward developed a cold with cough and thoracic pain, sweats, and purulent sputum. He lost strength, had fever, backache and anorexia, so returned to the clinic for hospitalization. His constitutional symptoms were more marked than on his previous entry. Severe pain in back and legs, especially acute at night, was relieved only by morphia. He again responded fairly well to treatment and in three weeks was quite comfortable. He was discharged from the hospital, but finds it necessary to be readmitted at more and more frequent intervals as symptoms recur.

The second patient, Mr. B., a truck driver forty years old, was born in Iowa and has lived in California for the past seventeen years. He has always been well until the present.

He was admitted to the hospital clinic in June, 1929, giving a history of general weakness and progressive enlargement of lymph nodes in his neck, axillae and inguinal regions, over a period of two months.

The patient was found to be well developed and nourished but with large nodes along the angle of the jaw, along the sterno-cleido-mastoid muscles, in the supra-clavicular fossae, the axillae and epitrochlears. The nodes varied in size from that of a pea up to that of a large pecan. They were oval in shape, firm, discrete, but not tender. Temperature, pulse, and respirations were normal; also the blood count. The teeth were found to be little more than "stumps and snags." Neither spleen nor liver was enlarged. The rest of the examination was negative. A biopsy was done on one of the cervical glands and after the examination of this, the diagnosis of Hodgkin's disease was made.

Mr. B. was advised to have his teeth extracted. This was done. After a few days of absolute bed rest and high caloric, high vitamin diet, x-ray therapy was started. He responded well to treatment, gained weight and was dismissed in three weeks. X-ray therapy was continued at lengthening intervals and at the end of four months the glands were scarcely palpable. The patient was then strong enough to return to his work.

January 1, 1930, he again came to the clinic with complaints of the return of enlarged glands, and lower abdominal pain. X-ray treatment was given in the clinic without effect. On April 1, he was readmitted to the hospital. Huge glands were found in the neck, axillae, and right groin. The scrotum was swollen to the size of a child's head and the right leg was definitely swollen with pitting edema of the ankle. Examination also

disclosed a distended abdomen with ascites. There was a papular excoriated eruption over the legs. The patient suffered from aching pains in his back and legs, and severe itching of the skin at night. He reported no loss of weight, but looked pale and worn.

Bed rest relieved the pain and edema, and sedatives were not found necessary. In ten days x-ray therapy was started and after a few treatments the glands became softer and somewhat smaller in size. The patient's appetite was good and he took his diet well. His mental state was always much more cheerful than Edward's. As soon as he was allowed to sit up in a wheel chair he enjoyed trips to the occupational therapy department and to the sunporch.

In three weeks he was discharged from the hospital as his finances would not permit him to stay longer. Also it was considered best for him to return to his family for, by this time, he realized that permanent improvement could not be expected.

It would have been a source of great satisfaction if both these patients could have had a long continuous stay in the hospital, or have been followed up in their homes by the Out-Patient and Social Service departments, but distance makes this impracticable. Such cases need an organized program of nursing and occupational therapy under supervision.

In ministering to these patients each exacerbation of symptoms, with its resulting discouragement, demanded increasing sympathy and ingenuity on the part of the nurses. While both patients responded temporarily to care and treatment, the insidious progress of the disease was very evident.

What Noise Does to Human Beings

NOISE does something definite to everyone in our city. In all these great modern apartment houses the drama of life is going on —birth, living, sickness, and death. And noise can play a harmful part in every phase of this drama. Certain things happen to everyone whether he is aware of them or not.

Tests we have been making at Bellevue in the Department of Neurology show this. In those wards there are always persons who in the past have required operations on the skull with the removal of bone and replacement of scalp; such operations having been done because of old skull injuries or for the removal of tumors or for other causes. We used several patients of this type, otherwise in perfect health, to test pressure on the brain under different circumstances—quiet, noise, etc.

The vibrations of the brain were recorded by applying to the soft area of the head, an instrument fitted with a recording needle. First the normal pulsations of the brain and its pressure were recorded, and then the pulsations under the influence of noise. A paper bag exploded, after being blown up, caused the brain pressure to rise to four times normal, and it did not come back to normal for thirty seconds. If this is what a paper bag does to your brain, what does an unmuffled motor truck do to you?

Research workers have called the effects of noise as "emotional." I believe that before emotions are actively disturbed there are heightened pulse rate, heightened blood pressure, some irregularities in heart rhythm, and, most important of all, increase of pressure on the brain itself, as our experiments have indicated. Emotion is the end product of the process.

People cannot concentrate so well under the influence of noise; whole hours of the day may be wasted. Employers know that workers do not produce such faultless work or such a quantity of it under noisy, as under quiet conditions. Hearing may be impaired in those exposed to loud noises. Ten years ago there were listed twenty-five noisy trades, whose workers were known to suffer from this industrial deafness. Today, taxi-driving and truck-driving can be added to the list.—Dr. Foster Kennedy, of Neurological Department of Bellevue Hospital, in a radio talk.

A Friendly Comparison

The Education of American and Dutch Nurses

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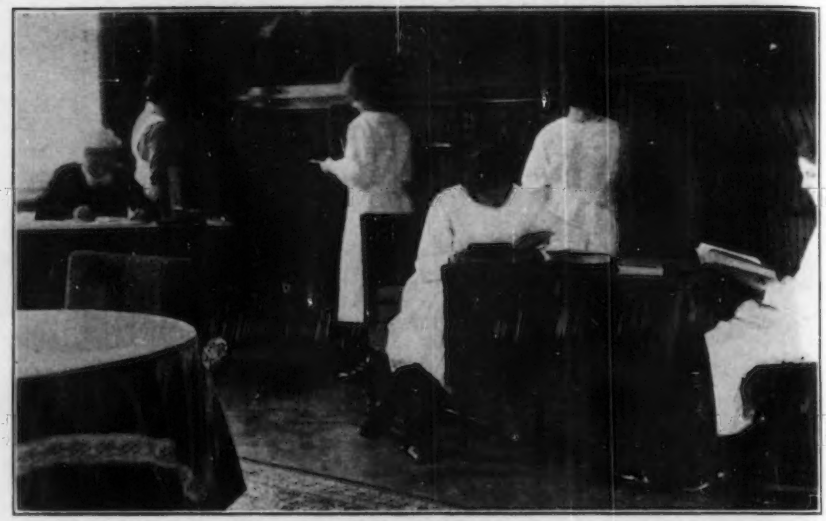
MUNICIPAL HOSPITAL, THE HAGUE, HOLLAND

FROM August, 1928, until March, 1929, I had the highly appreciated privilege of living in America and of coming in touch with many of the leading nurses of the United States. One semester I attended some of the splendid classes given at Teachers College, Columbia University, New York, and by the helpful courtesy of the faculty had the unique opportunity of visiting many of the best known schools of nursing of "the States" and of attending classes of students at varying stages of their training.

On the very last night in New York I was so fortunate as to be introduced to Miss Nutting. It was one of the most glorious nights of my life, never to be forgotten. While discussing my impressions of American nursing and our differing points of view, Miss Nutting made me promise to write one day an article on this subject, no matter if it should be critical. "Constructive criticism we want," Miss Nutting said. In our language we have a proverb about "my friend who shows me my faults." That is exactly the way I feel in commenting on American nursing and nursing education. I learned so many good things in America, got such a lot of new ideas and new information out of my study and visits, that I feel a little bit of a traitor now toward my kind and helpful hostesses, who were always ready and could find time for the ever and ever again inquiring stranger, who put her nose in everything. *Please do not*



IN THE LIBRARY

forget that my criticisms are given with the appreciative mind of a foreign friend who wants to raise the standards of nursing just as you do, but who necessarily must have another point of view. And, you know, out of the *choc des opinions* is born the truth.

In a good many articles about America which I have written for Dutch magazines, as well as in lectures, I always have said.

> I went abroad to learn something new and something better. I did not go to the poor schools of nursing "over there" of which there are still too many, as my honest nurse friends told me very frankly and with admirable objectivity. We have too many of them ourselves and I could not afford to spend the precious time of my leave of absence in them. I went only to the best and that's the reason why I come to you to tell you mainly about the things that are better in American than in our own hospitals. Let me act as Saint Paul, who taught: "Prove all things, hold fast that which is good."

The same policy I want to follow in this article. I know that a great many things in our schools of nursing are wrong, but you would not be very much happier if I told about it here. We are all working for the progress of our profession, and so I will make a bargain with you: In Holland I will tell the nurses all about the good things of your nursing, education, buildings, and equipment; today I come to you and will tell you how it was possible that I found the courage to say once, "I wanted to be a nurse in America, because the education, especially the postgraduate education, is so much better than in Holland. But—I want to be a patient in my own country."

First of all, let me tell you a little bit about our training and show you some photographs. The picture of the class of 1933 in their bathing suits is a result of my study in America. Really, it is! Coming home nearly bursting with plans for improvements, I was so lucky as to find someone who was willing to contribute for some necessary expenses which would not be regarded by the hospital board as

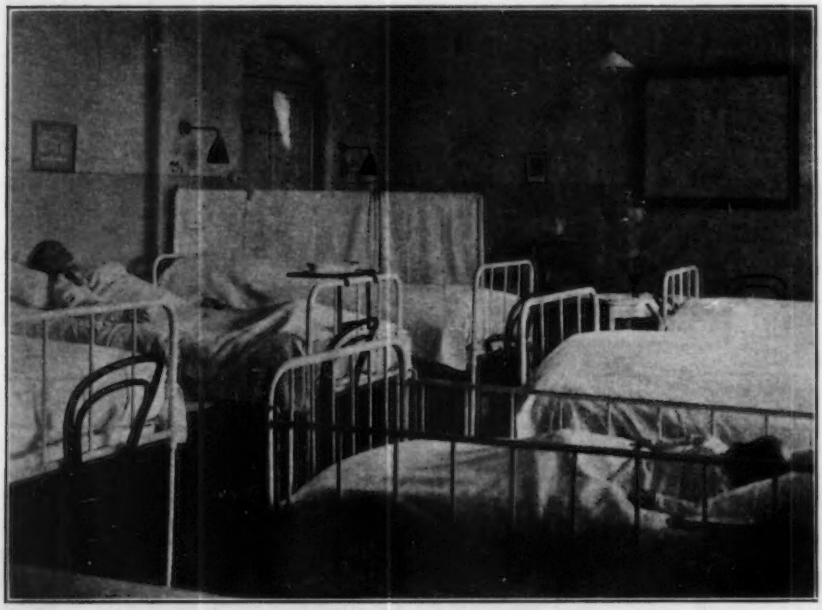
needed. I know that in America such things happen every moment, that many benefactors support you in your struggle for education, but in Holland this was the very first time.

A study-library was started, loose-leaf books are now provided, excursions are made, gymnastics became a part of the curriculum. Best of all, I got an assistant instructor and a practice room, and so you see that Dutch nurses are good students, who carry out the learned improvements—if they are able to do so. I am so fortunate as to work in a hospital with a medical and a lady superintendent, both of whom have travelled all over the world and are very broadminded people, ready to change old ideas for new and better ones. Otherwise, I might as well have stayed at home. How very thankful I now am for my precious experiences in other lands!

The requirements for our school of nursing are nearly the same as those of your good schools, although we often admit pupils with less than four years of high school if they pass an admission examination and are warmly recommended, so that we are assured of the honesty of their purpose, a helpful, kind spirit, and great sincerity.

You see the difference in our schools begins with the admission. The right attitude of mind gets more emphasis in Holland than the previous education. The old idea of charity still reigns in these modern times, even while we admit the great value of good education and scientific training.

If you compare our summary, covering a period of three years and three months (the latter for the preliminary course, the three years for the training as general sick-nurse, without the nursing of lying-in women, mental



PRACTICE ROOM AND CHASE DOLLS

diseases, or public health work, which all is regarded as postgraduate work), with your summaries, you see at once the great differences in our curricula.

Our curriculum runs as follows:

Summary

Subjects	Lectures and Demonstration	Laboratory	Classes or Quizzes	Total hours
Preliminary term				
			24	24
History of nursing	8			8
Ethics	12			12
Anatomy and physiology	6			6
Bacteriology and hygiene	12			12
Nutrition and cookery	12	30		42
Nursing principles and practice	96	110		206
Supervised ward practice		104		104
Bandaging	4	12		16
Gymnastics		12		12
Housekeeping	4	8		12
	154	276	24	454
First year				
			2	2
Materia Medica	4			4
Etiology and hygiene	26	2		28
Anatomy and physiology	26			26
Ethics	4			4
Second year				
			2	2
Medical diseases	10			10
Communicable diseases	14			14
Advanced nursing practice including massage	24	6		30
Third year				
Surgical diseases, including first aid	24	4		28
			30	30
Senior nursing	22			22
Bandaging	6	14		20
	314	302	58	674

If I remember well, I found at one hospital for a three-years education a total of more than 1,000 hours' instruction; in another, a three-years course with 1,065 hours. So our school, with three years and three months, often nearly four years, of training (as the final examinations are given once a year and the nurse is not allowed to leave the hospital before), gives a number of hours of theory far below yours.

At Yale University I found the proportion of theory to practice as 1:6, including the nursing of lying-in women, and so forth. In our hospital it is as 1:11.5, without the above-mentioned special nursing of lying-in women, which takes another half year

ONE OF THE BEAUTIFUL INNER GARDENS

after graduation, of mental diseases, which takes one and a half years, of public health nursing with a course of one year. So our training takes a total of six years at least if you want to be an all-around nurse. For American nurses it must seem a training for ages! It really is too long.

But—the proof of the pudding is in the eating and, as all education of nurses is intended to provide the patients with good nursing, I think it right to look at the results of the training and at the nursing care of patients in the schools of nursing. In Dutch estimation, first of all comes the comfort and happiness of the patient, provided by good nursing care. We never talk of "schools of nursing"; we only know hospitals, houses for the sick. Yesterday I again talked over the problem, and its solution, of how to give good nursing care as well as a good education to the nurses (for whom we are responsible by sending them into society) with one of our leading medical men. I could understand his point of view: "I am responsible, first of all, for the lives and well-being of my patients and it is, so far as I can see, entirely wrong to use them as teaching material for student nurses if there is any possibility of danger." There you are. It is very hard to draw the line where this possibility begins, and where education has the right to use the opportunity for getting experience. Anyway, sufficient, good, and severe supervision is a demand.

After the preliminary term, the scientific diet of the Dutch nurses is rather poor. As a rule they get two or three lessons weekly, outside the eight-hour day, and so you never see, what I saw several times in America, empty wards and filled classrooms in the middle of the day.

American people spend their money mostly for the building of beautiful hospitals, for fine equipment, and a splendid theoretical education of the nurses, but we think there are too few nurses in your hospitals, far too few graduates working as general floor duty nurses in your wards; the training, often in less than three years, is too short, crowded with theory which is not digested. For the latter I point to the complaints of American nurses about the fact that often probationers show more skill and better work than seniors. I think those seniors could not swallow all the theory they got in a very short time, because they did not get the opportunity for sufficient practice; they could not master the subject. Think, for example, of the theory of taking the pulse, which can be taught in some hours, and of how long a time it takes before we have mastered the skill, not in counting but in feeling and judging pulses.

January, 1929, my diary says (after visiting a beautiful hospital with a marvellous teaching unit):

> Far too few nurses, as the Director told me herself. Silly to grant several million dollars for a fine building and to refuse the money for sufficient personnel. Poor director, poor instructors! There is no relation between classes and ward work, no time to apply learned methods to practical work.

This situation was really very bad, but I remember a visit in another fine and well-known school of nursing, where I found a row of babies sucking their bottles, with no one around them in their up-to-date cubicles. After inquiry, I learned that in the classroom American nurses are taught, just as the Dutch ones, to keep the bottle in the hand, carefully watching the baby in the meantime. But—the students had to go to the classroom just that very minute. This could not happen in Holland. We should keep the nurse on the ward and she would have to miss her class. "All wrong," I know you will say, but "the baby first" is our slogan, you see.

Below you will find some figures of

Hospital	Daily Average of Patients	Nurses	Graduates	Students	Probationers
1	1,700	467	154	313	
2	1,600	620	266	354	
3	650	342	90	252	90
4	380	204	40	164	67
The Hague	820	492	325	167	26

the number of nurses in proportion to the daily average of patients as I found them at the end of 1928 and the beginning of 1929 in four American hospitals of good standing. Where given, the probationers are separated and not counted in the total amount.

As we are discussing the system and not the hospitals I did not give the names of them, but just numbers, and so we find that in

The Hague	100	patients have	60	nurses
In hospital 4	100	" "	53.70	"
" " 3	100	" "	52.60	"
" " 2	100	" "	39	"
" " 1	100	" "	27.7	"

The great difference is partly explained by the fact that orderlies and attendants are unknown in Dutch hospitals. We think that nurses give better care to the patients than orderlies and practical nurses do. Nurses' aides we know also, of course. Counting the whole personnel together, I found on April 1, in our hospital, 840 patients and 903 personnel of all kinds, including administration.

Now we see the discrimination in spending our money. The Dutch do sacrifice more money to a high number of nurses, less to education. Americans do the opposite. Also, if you look at the proportion of graduates to students, again you see something remarkable in the Dutch hospitals. In Holland we find a great many graduates in the hospitals as general floor duty nurses. You will not wonder at this when you know that the conditions are really very good; eight-hour day as a rule, nine-hour day by law (religious institutions excepted), good salaries, and a pension, are provided. Nurses stay for years and years. This, of course, has its drawbacks but we have a staff of graduates who ensure good nursing care to the patients and provide a good practical education. So we think the high costs justified.

As you see, our problems are quite different from yours. Out of "Nurses, Patients, and Pocketbooks" I learned, with astonishment and horror, the terrible fact of how small the number of graduates is in many of your schools of nursing, how they sometimes run even *without* graduates. *You* cannot keep the graduates *in* your hospital, very often *we* cannot get them *out of it.* We do not like them to stay so many years in the same institution.

As even this article has to come to an end, I will finish with the remark: Although the theoretical education in the American schools of nursing is far ahead of that in the Dutch hospitals, still the nursing care of the sick is decidedly not worse, but on the contrary better, in Holland. The education in Holland takes twice as much time as in America and the practical education is strongly advocated. This is possible not only because of the time available *but also because of the big staff of graduate general floor duty nurses, who are really the teachers of nursing practice,*[1] every moment of the day and night.

Summary and Conclusion

AMERICA has to be careful not to overdo the theory at the cost of the practice and to demand at least a three-years course. Moreover, the graduates have to understand that for a good, thorough education a sufficient number of graduate nurses in the wards is needed. Good salaries and a pension should be provided for them.

Holland has to learn from America that the curriculum has to be improved and shortened, and especially that good postgraduate courses must be started.

[1] Italics ours. Ed.]

A New Epoch in Nursing[1]

ANNIE W. GOODRICH, R.N.

I DID not suppose that I should ever live to see the day when it could be said with any possible degree of accuracy that nearly enough nurses had been produced to meet the community's need. There is, it is true, a gloomy side to this picture, but there is also a happy one. At least it assures us that the nursing needs of a community may eventually be met by trained women, and if we have many problems yet to work out I am sure you will agree with me that all of these problems have been faced and in some instances the means for dealing with them have already been instituted.

It is, I believe, true that we have reached a new epoch in nursing and that is in itself an inspiring fact. We have passed the day when our objective is limited to the acquiring of the technical nursing procedures demanded by curative medicine, and we are now concerned to evolve the content of nursing education demanded by the field of preventive medicine.

I cannot attempt to discuss the great problems that the facts presented by Dr. Burgess reveal. I can only briefly and sketchily touch upon certain points which I think important for your consideration. I have said that we needed education and a committee and I said it advisedly. I believe that what has been developed in a number of localities should be universally and rapidly produced, namely a committee or council of persons to consider the health and sickness needs of the community, and the means by which these needs can be completely met. Such a council should be as representative as is the council appointed, shall we say, for the development and execution of a community chest. I am of the opinion that women should predominate in the membership. The council would function through committees, outstanding among which would be a committee to determine upon the machinery and the personnel required to meet the needs as presented through a study of the community, and a committee to study the professional preparation of the required personnel with due consideration of the educational resources not only of any given locality but of the state and the educational system at large.

Let me digress for a moment to consider this question of education. We often hear discussed, sometimes acrimoniously, sometimes encouragingly, the question of college education. What do we mean by "college education"? What do we imply when we say "degree"? We are simply summarizing the fact that today there is a body of knowledge that bears distinctly upon human life, that any such body of knowledge has a direct relationship to the profession with which we are concerned, that every day, even every hour, in the great laboratories of science that knowledge is changing. What created thing could be of greater importance than human life, and who is more concerned with the development of that creation than the nurse, except the parents, and even they can't escape the nurse; they may occasionally escape the physician, but today they rarely escape the nurse.

We must require of our women in the future two languages, the language

[1] Discussion of "The Distribution of Nursing Service," by May Ayres Burgess, Ph.D., at a joint session of the National Nursing Organizations, Milwaukee, June 10, 1930.

of the people and the language of science. That nurses have learned the language of the people is evidenced by the group meeting here today. This great body of nurses could not have come into existence in these few years had they not ministered in some way to the people, and what is true of this continent is true of every other continent. But if we are truly concerned with our field of work we must speak also the language of science.

I agree with Dr. Burgess that if we face the facts our problems will not be difficult of solution, for the problems of nursing and nursing education do not differ from those of almost every branch of life activity. Business has found it necessary to relate itself to education,—to wit: the Harvard, Columbia, and other University Schools of Business,—and has rapidly amassed a body of knowledge that relates to the conduct of business and through which it is hoped to make business methods economically sound. Many other branches might be cited, all of which I contend are secondary in importance to our own field of work, because we are assisting in the creation of future citizens.

Another committee I wish to mention is that of publicity. For a number of years we have been striving to bring before the young women of the community the importance of nursing, and this we must never cease to do, but a change of emphasis is called for. If nursing does not commend itself to parents as a desirable field for their daughters, and it does not, we must seek the reason. What is it that makes parents averse to letting their children enter nursing? Is it that the field itself is of such little importance, this bringing to light the ills of human beings and striving to avert or heal them,—is that an insignificant social contribution? I contend it is not. I contend it is one of the most important contributions.

We must make the community see that if the conditions are such in nursing and nursing education that the profession is not attracting our best educated women, then conditions must be changed. This means a study of the hospitals in relation to nursing education. Are the hours what they should be? Is the educational content what it should be? Can the parents be assured of conditions which will give their daughters that kind of joyous service Dr. Frank discussed last night? If not, why not?

There is another matter of importance for the council. What are we doing for the sickness and health needs of the small communities? We are informed that there is an oversupply of nurses for the cities, but that the small community and the rural area have not an adequate supply. In this case should the local hospitals maintain schools of nursing and if so under what conditions? The small hospital offers certain advantages sometimes lost in the larger institution. Preëminently it demands an approach to and consideration of patients which is highly desirable in a program of nursing education; it provides for more personal understanding and direction of the student; it permits of more extended and thorough knowledge of the case; the atmosphere more nearly approximates the home environment of both patient and staff; it is believed that the students, limited in number, are a desirable factor in these small institutions; upon graduation, if their professional preparation is sound, they can serve equally well their own or the surrounding rural areas, or in the larger city with which they will be familiar through their preliminary and later affiliated courses.

It is important therefore to establish a program of centralized instruction particularly in the sciences, through which a recognized hospital in a given community may be assisted to maintain a school, with justice to the student of nursing and the public that she is later to serve.

I have inspected hundreds of these small hospitals and know that many of them are beautifully equipped; that the clinical material offers, under the right auspices, excellent experience. It is perfectly possible through the ever-increasing number of universities and colleges, many of which are already offering courses in nursing, to provide through extension courses a pre-nursing science course. So I hold a brief for the small hospital school if the education in these institutions is based on a sound foundation which is a scientific foundation. This is a brief consideration of some of the problems and the ways in which they may be solved. We need the right kind of publicity; we want to awaken in college girls an interest in nursing; we want the women of the community to appreciate its importance; we want the hospitals to shape or reshape the conditions in nursing so they will appeal to the type of student that we need. I believe there is no question that these changes can be brought about.

No one can attend these meetings without being impressed with the extraordinary growth of the nursing field. I refer not to its numerical growth, but to the broadening view and the tremendous enrichment of the field evidenced by the papers presented and the subjects discussed. We have no reason whatever to be discouraged. We are, I believe, at the turn of the road, but we have come to this with a far wider vision than has before been possible.

Let me briefly review our professional history. Guided by laywomen, nurses went into the hospitals something over fifty years ago and cleaned up those institutions. You have only to read the history of Bellevue and Blockley to appreciate the great change in the methods of caring for patients. In those days the hospitals were for the pauper class alone. They were called asylums—idiot, lunatic, and pauper asylums—terms no longer in use, an indication in itself of social evolution. Hospitals today take care of all classes of people. It is no longer a disgrace to go into the hospital for medical and nursing care. Quite the contrary, although I must admit I recently heard of the case of a young husband who suffered a serious mental reaction which was finally traced to his distress that, should his boy be born in a hospital, he could not in after years point to the home in which he was born. This well illustrates the change that has come about. Women have had much to do with these changes, and I see as the next step, as I hope you do, women going out into the streets, into the factories, into the tenements, into the prisons, and making those same changes in the community that have now been achieved in the hospitals.

If I had brought back but one impression from my journey to the Orient, the inspiration which I received from it would have compensated for every day of absence. Let me preface my explanation by the following: Last year on their way home from the International Congress of Nurses held in Montreal, some of our foreign friends visited the United States. One of the things which impressed them was the absence of fences or high walls between the beautiful places in many of our smaller towns. They said: "These beautiful

places unprotected and not overrun by the public! I should think you would like more privacy." It recalled a journey through southern England where we chose the old time coach rather than the automobile in order that we might look over the walls surrounding the beautiful estates. The social significance of this change did not at first enter my mind. Light began to break when I reached China, but it took the hours of meditation of the homeward voyage for the inspiring implication of this social evolution to dawn upon me.

Of the great wall of China we had for many years heard. In Peking we found the wall of the Tartar City and the wall of the Chinese City, and as an outstanding building our attention was called to the Forbidden City. Wherever you go in Peking you will see the walls, the towers, the golden roof of the Forbidden City, a magnificent series of buildings for the use of the imperial group and their entourage, protected from all intruders by two walls and a moat. The Forbidden City is today a dead city, a city of the past with grass growing between the pavements, its buildings open now for a few coppers to any who choose to go through them. But there is another series of buildings which you will also see, the beautiful green enamel roofs of the Peking Union Medical College and Hospital—buildings reproducing the best of Chinese architecture. Around these buildings there are no walls, and under these roofs may be found both the wealthiest citizen and the poorest outcast in Peking. Never have I seen better equipment, better medical care or nursing care than I saw in the Peking Medical School Hospital. In no other hospital have I been where there was a periodic health examination of every single individual in the institution. I presume we could never grasp at what cost medical men and nurses have helped China produce this, but this is not the point altogether. The point is that here you have a picture of something that is happening in this world of vital importance; here you have convincing evidence of social evolution.

We may have a long road over which to travel. We must make communities see that they must support the hospitals and not lean on student labor. We must so adjust our program of nursing service that the unneeded contribution of the private duty nurse can be applied to the greatly needed bedside nursing of the sick in the hospitals. The best bedside nurse instructors will be the successful private duty nurses, but in order to obtain their services in the hospital their hours of duty must be such as will enable them to enjoy their work. We must see to it that the advancement in their salaries will relieve the economic pressure. All this is perfectly possible for such a wealthy nation, and only through such adjustments shall we create a democracy in which we can believe. Heartened by that wonderful picture of progress in far-off China, let us press forward and, obtaining the aid and assistance of the women of the community, let us seek to achieve this program of social betterment.

The Field of Industrial Nursing[1]

What the Student Nurse Should Know About It

WILHELMINA A. CARVER, R.N.

TO prepare for a position as a nurse in industry, it is necessary that we have some idea of an industrial hygiene program which modern progressive industries are attempting to advance.

Industry has made rapid strides in the last few years and with the stupendous changes in machinery, appliances, and equipment, with the placing of efficiency experts and "high pressure men" with their concentrated efforts on production, a fuller realization of the importance of the health and happiness of the worker has been brought to the employers' attention. The Workmen's Compensation Law, which places the responsibility and the costs of injuries to employees during working hours upon the employer, incited the need for a first-aid room with a nurse in constant attendance, and a doctor on part time, at least.

Another important factor which previous to the war was hardly considered is the cost of "hiring and firing." While the nurse in industry has little to do with the actual hiring, she is in most plants a large factor in the building up of a morale, decreasing quitting and the need of discharging due to physical unfitness or mental conditions, which may be remedied.

The employer who has foresight can recognize in placing a nurse in his first-aid room that he is placing in his employ a person who, first and foremost, should be interested in the human machinery and be quite sure that she can establish and build up a department to care for the health and welfare of his employees, which will be invaluable to his organization. A great many employers did not, and still do not, know just what to expect of a nurse in industry, but they are quite sure that if she is interested, alert, and tactful, she can find much to do aside from the professional duty of caring for an injured finger.

After the establishment of the first-aid room with facilities for the treatment of injuries, the duties of an industrial nurse become many and varied. We have listed, in the order of their importance, some of the activities in which she takes an active part: First-aid and safety, physical examinations, personal welfare, sanitation and ventilation, dental clinic, food supervision, recreation, and health talks.

In order to know best how to prepare for a position, we must know of what that job consists. Therefore, we propose to analyze each of the aforementioned activities separately and distinctly, taking as our illustration an industry in which a trained nurse is employed full time, a doctor and a dentist part time, and in which the welfare work is done almost entirely by the nurse.

First Aid and Safety

THE only experience with accidents which a nurse has during her hospital training has been in the emergency clinic and with the more serious accident cases on the hospital wards. She finds in the first-aid room of an industry a very different proposition. The accident case is brought to her

[1] Prepared as part of a series of vocational articles on public health nursing and sponsored by the Editorial Council at National Headquarters.

and, if the doctor is not present, she must administer first-aid treatment and direct the handling of the case. She must keep a level head and must have a clear judgment as to the severity of the case, whether it needs hospital care at once or whether it would be advisable to wait until the doctor arrives. It may be a minor injury which, after the proper cleansing and dressing given by the nurse, can well wait.

The nurse's reaction to a serious accident is very important. She can be sympathetic, but at the same time, cool and clear in giving orders and directions. This poise will impress her capability upon the employees and they will depend upon it.

The nurse's responsibility does not end with the first-aid treatment. The accident has happened in her plant and it behooves her to know how and why, and to be able to state it clearly on the employee's record. She must be familiar with the factory and with the equipment and materials used. With this knowledge, she will be able to visualize clearly the hazard. In almost every industrial plant, there is an active Safety Committee, of which the nurse should be a member. If she has acquired a "shop intelligence," she is better able to discuss the pros and cons of safety at the safety meetings, and will help to further the work of this committee in making the shop a safer place to work in. The nurse must be familiar with the Workmen's Compensation Law, she must know what constitutes a lost-time accident and must realize the importance of keeping accurate records.

Her most important duty from a safety standpoint (as most accidents are caused by the lack of thought) is to teach the employees the value of being careful and to use the safest method even if it be not the quickest.

Physical Examination

NOT only from a humane standpoint, but indirectly from its effect on production does an employer see the importance of guarding his employees' health. The idea of physical examinations has been sold to him and he is willing to employ a physician to do this work. During the hours the physician spends at the industrial plant, he will do all medical and surgical work required of him, along with the physical examinations. His time is limited and he depends largely upon the nurse for the preparation of the employee's mind for the physical examination. The average employee has a dread of a physical examination. This is due to the fear of what the outcome will be. As one employee was heard to say "I feel well, why try to find something wrong with me." The nurse's job is to educate the employee to appreciate the physical examination and the yearly re-examination from a purely personal standpoint; to make him realize that he and his family will benefit if his health is guarded and to help him to understand that the best way to guard his health is to know of physical defects, if there are any, and be willing to take the necessary measures to correct these defects if possible. The nurse must "get it across" to the employee that he will not necessarily be discharged if he has a physical defect, but that a transfer can be made in most cases, so that he can go on earning his wage in spite of the handicap. All this requires time, patience, and understanding. She must be able to put herself in the other fellow's place to get his viewpoint and in this way can do more in getting the employees' coöperation than any one else.

She must be familiar with the hospital clinics, with the social agencies

of the community, and with this knowledge help the afflicted employee to obtain the best treatment with the least money spent, if the treatment is such as cannot be given in the Plant Medical Department.

Physical examination without a close "follow up" system employed is practically futile. When a man is found to have a physical defect or illness, he must be carefully watched and continually examined to determine the progress. This schedule must be kept by the nurse, as it is she who calls the employee when his time has come again for examination. No one is better qualified than the plant nurse to be a friend to the discouraged employee who has been told of an existing physical condition which to him seems more than he can bear.

Employees' Welfare

PEACE of mind is conducive to the best productive labor. An employee who is worried and unhappy cannot do his best job. If it is a personal physical condition, he is already assured of the coöperation and help of the Medical Department and usually this is a great boon. Unfortunately there are many other sources of worry in his personal life. Employers are realizing more and more the close connection between the employee's work shop and his home life. They are realizing more and more that an effort must be put forth to help these employees during their times of need. Who is better able to handle the welfare or social interests of the employees than the plant nurse? If she has gained their confidence, she will soon find that it is to her they bring all their family worries. She should be free to discuss these worries with them and she should have the opportunity and privilege of visiting their homes. These family contacts, even though in some cases little can be done to help better the conditions, will form a valuable bond of loyalty between the shop and home, in other words, between the employer and employee.

One case illustrative of the sort of work a nurse in industry can do:

Mike walked into the plant dispensary with a slight laceration of a finger. Receiving the proper treatment for the finger and at the same time a cordial interest in him and his family, he launched into a detailed account of his wife's illness. She had a lump on her neck, a jumping heart, and was so thin and nervous. She was going to a "specialist" who was charging her ten dollars a visit, giving her enough powders to last her about two weeks, at which time she had to return to his office, pay another ten dollars and receive more powders. All this expense with no improvement was making Mike feel rather discouraged. The nurse visited that home the next day; also called on the "specialist" and found he was not all he claimed to be. The wife was taken to a hospital, where with proper treatment and later an operation, she recovered and is able "to do her bit" in the home. This made a valuable contact. Later the children were taken to the hospital for tonsillectomies and dental work. Mike is telling his friends and fellow workers just what the Plant nurse has done for him and his family. Isn't that worth while, not only from the human angle, but from the productive as well?

Aside from the family worries, there are the petty jealousies and disagreements between the workmen. In many cases they are of little consequence, except to the fellow who thinks he is being ill-treated. The nurse will hear these complaints from both sides and must do her best to give unbiased advice. The foremen will bring her their troubles—if there is a man with whom they are having difficulty they will ask her advice. So, in a day's work, she is sought after for divers reasons. She must, above all, be tolerant, fair, and have a keen understanding of human nature. Helping to solve these personal problems is probably her biggest job and one with a great deal of personal satis-

faction to her. In this capacity of intermediary between employer and employee, a spirit of good will is given from the management to the workman, which does much to keep the general morale on a high level.

Ventilation and Sanitation

THE nurse, or in fact the Medical Department as a whole, can do very little to satisfy every employee in regard to ventilation. There are certain necessary rules which the nurse should know. Again let us say she must have a "shop intelligence." Being familiar with the occupational diseases prevalent in her type of industry will give her information which might be needed in persuading the management of the importance of installing fans, blowers, and special equipment for ventilation.

Sanitation is a different problem, as there are rules of cleanliness which can be specifically carried out. The nurse will be obliged to inspect the toilets, showers, washrooms, drinking fountains, and lockers at intervals. She must have the coöperation of her cleaners if she hopes for good plant housekeeping. The importance of storing materials and equipment neatly and properly must be seen by the nurse, not only for orderliness but for safety as well. Receptacles for receiving trash and papers must be placed throughout the premises. These are just things a nurse must check up on. She will find usually that the sweepers and washroom attendants are each anxious to have their respective section looking its very best and a word of encouragement from her will go a long way.

Along with a natural sense of orderliness and cleanliness, she must have an idea of her own plant sanitation, as there are likely to be specific problems to be handled.

Dental Clinic

THE industrial nurse's part in the Plant Dental Clinic is in one sense of the word a very minor one—if you can call education minor. She can do a great deal in educating the employee in an appreciation of mouth hygiene. She can make him understand the relative importance to his health. All this requires time, and the dentist in most plants does not have the time to do it. Of course, she also can make appointments and see that they are kept and check up on the every six months or yearly cleaning.

Food Supervision

IN some industries the nurse supervises and runs the cafeteria or lunch counter almost entirely. Here she will be expected to plan well-balanced lunches with consideration as to the price. Where there is a dietitian, she will be asked to advise and coöperate in helping to keep a schedule and on the advisability of a mid-morning and mid-afternoon luncheon. She should be free to go into the lunch room and kitchen at any time and should handle herself in such a manner as not to antagonize the workers in this department even though she might have a drastic suggestion to make. Neatness and cleanliness are two necessary requirements in an eating place and of course it is always within her province to insist upon these.

Recreation and Health Talks

RECREATION and health are closely allied and in planning recreational periods, helping to form clubs and socials, the nurse will have the opportunity of getting in health talks, either collectively or individually. Particularly is this true where there are a number of female em-

ployees. The friendly spirit of play is conducive to a confidential attitude and if this is established between the nurse and her girls, she will find that her more serious talks will fall on fertile ground and will be given a deeper consideration.

With the men employees, she cannot take such an active part in their recreational program. She can, however, show an interest in their play as in their work.

In Conclusion

AFTER reading this article on the activities of a nurse in industry, it immediately becomes evident that the nurse's hospital training alone is not sufficient to equip her for the administration of such a varied program. Along with her regular hospital training and State Registration, postgraduate preparation in the theory and practice of public health nursing, with special emphasis on industrial health, will assuredly make her service more valuable to industry. This experience gives her a better understanding of the opportunities for service that await her within the plant, as well as an intimate knowledge of the community resources available to help her solve the health and social problems of the worker.

Some of the other necessary qualifications to be acquired are a knowledge of the Workmen's Compensation Law and National Safety Rules, some idea of plant management and labor turn-over. Knowledge of these subjects can be obtained more thoroughly after employment, as industries differ, but she must be conscious of all these problems and realize the importance of being well versed in them. If she has not had a special Public Health Course, she will need a more thorough delving into or brushing up on dietetics, sanitation, ventilation, posture, recreation, and health habits. There are many books written on all these subjects and by making a request to the National Organization for Public Health Nursing, she will be given the list of best books written on all subjects concerning industrial nursing.

In an address given to the Industrial Nurses at the National Safety Conference in Chicago, in 1929, the speaker listed the following among personality and physical qualifications of an nurse in industry: Good health, attractive appearance, neatness and cleanliness, cheerful disposition, tolerance, alertness, assurance, honesty and integrity. Let us add to this list patience.

Doesn't it seem as though the industrial field should be one of the most advantageous fields for public health work? Doesn't it seem as though the appreciative industrial nurse should have a special advantage over her public health co-workers, in that she has the contact with "humans" during their most important rôle, that of earning a daily living. That advantage coupled with the family contacts cannot be beaten and should afford a nurse the best opportunity for a splendid contribution to the community.

Whether this has been a complete discussion of Industrial Hygiene with stress being laid on the Industrial Nurse's part in the program, is for each reader to answer in her own way. Of one thing we are certain—it is a big subject and without doubt is finding a more important place in industry every day. Let every industrial nurse or prospective industrial nurse or any interested person who has found time to read this article, criticize it in a constructive way and in their own mind set out to enlarge and make better this niche for the nurse in industry.

Nurses' Relief Fund of the American Nurses' Association

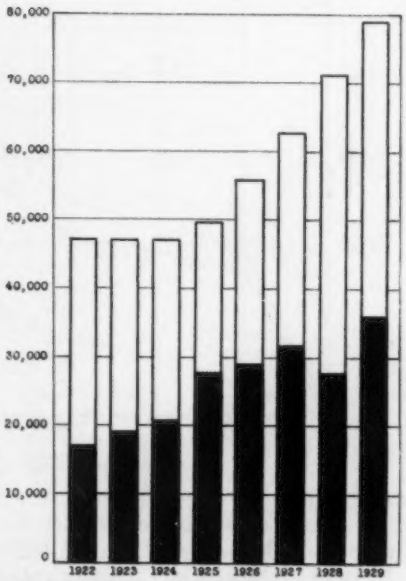
THE subject of financial relief for needy sick nurses has been actively before the profession since 1907 and the Relief Fund has been in existence for nineteen years. By its very nature the fund makes a strong emotional appeal and gifts to it have never been required by the American Nurses' Association of its members. Figure I indicates, however, that for the years when exact comparative records have been possible the Fund has not even approximated a 100 per cent support from the members of the Association.

The early years were spent in building up the Fund. In 1915, when about $12,000 was invested for the Fund, the first requests for aid were granted. Between 1920 and 1923, as reported at the convention by Carrie M. Hall, Chairman of the Committee, the number of applicants doubled, and in 1927 the number was four times as great as in 1923. From 1927 to 1930, from 175 to 200 nurses have been assisted annually in sums ranging from $5 to $20 per month, in some cases for a period of months, in others for several years. This tremendous increase in accepted obligations led not only to the expenditure of income from carefully invested funds but to the use of current contributions as well. This dangerous situation, clearly foreseen by Janet M. Geister, Director at Headquarters, and by the committee and the Board of the American Nurses' Association, graphically shown in Figure II, was presented to the Advisory Council and to the delegates to the Louisville convention for consideration.

In her report to the delegates at Milwaukee Miss Hall said, in part: "The really good business method would be to regard all contributions as principal, invest them, thereby adding to our capital, and expend only the income from the investments. To do this, on the basis of expenditures of the last three years, would require an investment of over $600,000," whereas the present total is approximately $126,000.

Few people realize what a tremendous amount of volunteer work has gone into the administration of the Relief Fund. The tremendous task of handling the Fund was managed by the committee until Headquarters was well established and in a position to

Fig. I

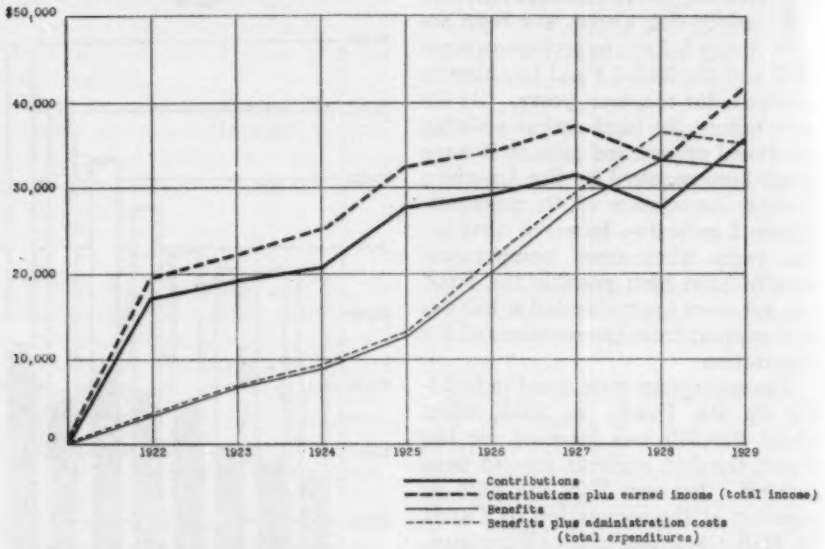


Total contributions to the Relief Fund during 1929 amounted to $35,978.07. Assuming that each dollar of this amount represents a contribution from one nurse, only 45 per cent, or less than one-half of our membership, is supporting the Relief Fund.

AMERICAN NURSES' ASSOCIATION--NURSES' RELIEF FUND

Fig. II

Eight Year Comparative Record, January 1, 1922 to December 31, 1929 of contributions received with benefits paid, and of fluctuations in total yearly income with growth in total yearly expenditures



take over all the clerical work in 1923. In 1926, the Board of Directors voted that two-thirds of the bookkeeper's salary be paid by the Fund, since it required that large amount of her time. Said Miss Hall at Milwaukee:

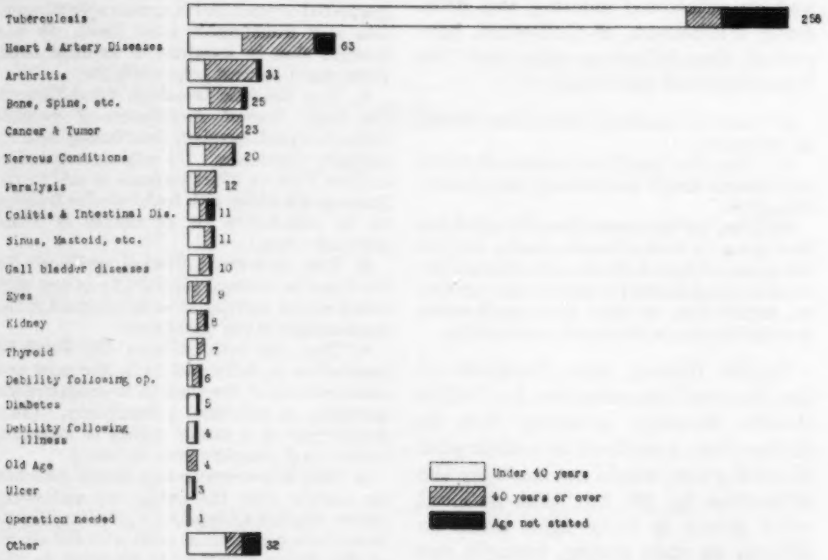
The investments of the Fund are the responsibility of the Board of Directors of the American Nurses' Association, but the administration of the Fund is by a committee known as the Relief Fund Committee, made up at present of six members scattered from the Atlantic to the Pacific and including the secretary and treasurer of the association. Until the year 1926 all work was done on a volunteer basis, the only expenses being for postage and stationery, with travel expenses allowed the chairman on two occasions.

The committee feels:

A great responsibility toward both contributors and beneficiaries for wise and efficient expenditure of the Fund. It must attempt to give the greatest possible amount of constructive aid in each case. It must neither squander its resources nor withhold necessary assistance. The National Committee cannot begin to keep in touch with individual cases scattered all over the country. The headquarters staff cannot possibly do the necessary work even by correspondence. We must depend upon the local and state committees for supplying information which is needed upon which to make decisions. A few state and local committees seem to make careful investigations, while others only repeat the story which the applicant herself has given. This seems to be an unavoidable situation. Local chairmen are usually women already heavily occupied with their own professional duties and are usually without stenographic aid. Neither do they have funds nor time to travel to distant points to obtain first-hand information regarding beneficiaries. Furthermore, they cannot spend the time to carry out the plan for social treatment which is a necessary accompaniment to medical treatment and to financial rehabilitation.

It is a fundamental principle in relief giving that the group administering relief must have an intimate and close relationship with those receiving relief. Our experience every day demonstrates the impossibility of obtaining in a national office or by a national committee adequate information regarding beneficiaries

Fig. 111
Diagnoses According to Age Groups of
Under 40 years and 40 years or over



The above classification covers 543 beneficiaries, the total number carried by the Fund since its establishment in 1911 up to May 31, 1930

which is essential in administering this Fund with wisdom.

Once having been accepted by the committee, the nurse usually receives aid until she terminates it herself. There are only two reasons for terminating the aid by the committee, death or a return to duty. The committee is reluctant to dismiss beneficiaries who are still in need, for only in rare instances under our present method can local provision for their care be made.

In these fifteen years help has been given to 543 nurses, wisely or unwisely, for various reasons, and for various lengths of time. Figure III shows that 258, or nearly 50 per cent, have been suffering from tuberculosis and that about 33 per cent of this group are under forty years of age, and that a substantial proportion in each of the other diagnostic classifications is also under forty years of age.

The fourth diagram shows that some beneficiaries have had assistance over a considerable period—more than 200 having had help from two to ten or more years, and that fully 50 per cent have begun to receive assistance before the age of forty years.

It must be understood that the Relief Fund is not in any sense an insurance association. The distinguishing features of an insurance association are that for a definite sum or sums paid in to the company, the beneficiaries may receive, under certain conditions, definite and proportionate benefits. The Relief Fund has required no definite sum from any nurse. There is no relation between the amount a nurse pays in and the amount to which she is eligible. She need not have contributed one cent in order to become a recipient of help from the Fund.

The articles of incorporation of the American Nurses' Association permit it to "distribute relief to such nurses as may become ill, disabled, or destitute." It does this through the Relief Fund. The American Nurses' Association has no authority, through its articles of incorporation, to maintain an insurance organization for purposes of disability or pensions.

At the expense of appearing to be unsympathetic, it must be said that the Nurses' Relief Fund, as at present constituted, supported, and administered, can only be considered a worthy charity in which both contributors and recipients are vitally interested.

Discussion of Miss Hall's report brought many able nurses to their feet and an adjourned meeting was held. Anne Williamson, of California, presented the following plan for the continuance of the Fund:

(a) That the National Relief Fund should be continued.

(b) That the length of service eligibility requirement should be increased from two to five years.

(c) That the insurance education which has been given to student nurses during the last few years will have a tendency to decrease the number of applicants for relief as the years go on, rather than to have these applications increase because of increased membership.

Sophie Nelson, now President of the National Organization for Public Health Nursing, believing that to change from a national to a state plan of relief giving would not multiply the difficulties by 48, but that national relief giving is forty-eight times as difficult as state giving, brought out the following points:

(a) That she does not believe that as a national association we should assume responsibility for the relief of the distress of our members, for by so doing we are assuming a responsibility we are not able to carry.

(b) That, as nurses are citizens, their relief when such is needed is a general social problem.

(c) That relief on a national basis must be administered soundly.

(d) That, if national relief is continued, some more adequate plan must be devised both for giving and for receiving.

(e) That if we continue to give relief we must raise a sum adequate for the purpose. Can this be done by a professional group, and even if it can be done, will we not flounder in the problems of administration?

Alta Dines, Chairman of the New York State Committee, presented a summary of the following report of the committee:

1. That the Relief Fund continue to be a National Fund. The reason for this recommendation is that, after inquiry among many types of nurses, it seems to be the consensus of opinion that as the Relief Fund is a professional fund, it should be used for any professionally eligible nurse, whether or not she graduated or practiced in a state able to maintain any considerable relief fund. It was thought that in instances of greatest need, there might be least help available.

2. That the fund be administered through the State Nurses' Association—if possible through a paid secretary functioning with an advisory committee. (It was suggested that in New York an effort be made to add to the State staff a nurse with social service training to be responsible for all details of Fund administration.)

3. That all investigations of applicants for the Fund be made, if possible, by nurses with social service training, or social workers in the communities of the applicants.

4. That the benefits from the Fund be granted on an individual basis, the need and circumstances of the nurse to be considered in accepting or rejecting a beneficiary. (This means making a careful record of expenses, income, and complete plan for care.)

5. That a re-investigation should be made six months after the initial one and every twelve months subsequently; that no checks be sent the beneficiaries until after the report of the re-investigation is received in the administering office.

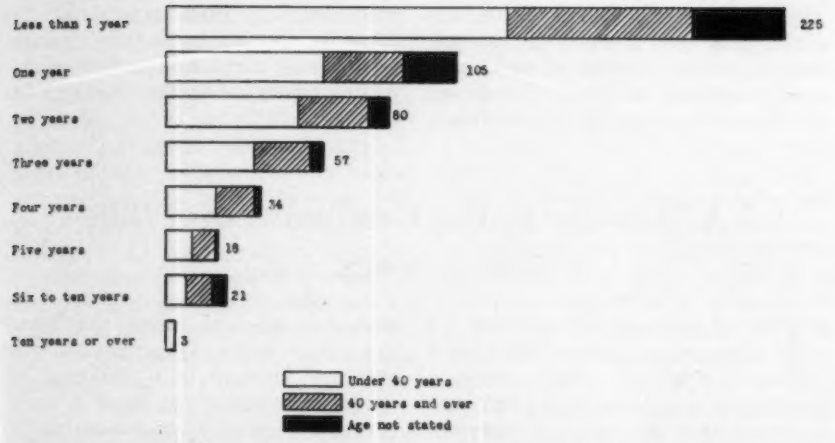
6. That the district associations be encouraged to work out a plan for frequent visits to and personal interest in the beneficiaries living in their districts—over and above the official investigatory visits.

7. That the chairmen of the District Relief Fund Committees be urged to study the local facilities (medical and social) for the care of nurses who need help, as the Fund allowance can probably never be more than supplementary to the total budgeting need.

Other speakers took the floor to warn against the dangers of sentimentalism, to emphasize the problems of states which, because of climatic conditions, receive sick nurses from other states, to point out the difficulties of administration even within the limits of a state or of a very large district.

Esther Tinsley, President of the Pennsylvania Association, presented a report of the action of that Association indicating that the Pennsylvania Association is studying both relief and

Fig. IV
Length of Time on Fund according to Age Groups of under 40 years and 40 years or over



The above classification covers 543 beneficiaries, the total number carried by the Fund since its establishment in 1911 up to May 31, 1930

insurance and has under consideration a plan for relief on a state-wide basis.

It was clear that points of view so diverse could not, at that time, result in any formal action and the meeting adjourned with time for further thought before the final business session.

In her discussion[1] of Dr. Lapp's address on "Insurance for Professional People," Emilie Sargent, President of the Michigan State Nurses' Association, had said:

Until some more satisfactory plan has been developed, Michigan will provide a relief fund which will be administered as any case-working agency administers relief. Thorough investigation will be made, using the local official and non-official relief organizations, when advisable, to rehabilitate the nurse who needs this type of assistance; or, if a small gift or loan of money is all that is necessary, it will be given from the Michigan Relief Fund to members living within the state.

At the closing business session, Miss Hall said:

[1] See *American Journal of Nursing*, August, 1930, p. 1031.

With the call for this convention there was contained the following resolution:

That after June, 1932, national relief be discontinued and that no further contributions to the Relief Fund be received.

That nurses receiving relief be so advised and that the states be given the responsibility of dealing with their own relief problems.

That the recommendations as to the future use of the Relief Fund principal be reserved for a later meeting of the committee and that the entire subject of the Relief Fund be discussed and acted upon at the Milwaukee Convention.

Miss Hall then moved to recommend the adoption of this resolution, which, after spirited discussion of the unsound social and financial aspects of the existing situation, was carried. Miss Hall then presented a second recommendation which was carried:

The Relief Fund Committee recommends that the Committee be empowered to spend sufficient money from the Fund itself to study our situation in order to formulate some plan for meeting our already assumed obligations, to assist in making some constructive plans for states who may decide to continue relief projects, and to get assistance from individuals

in helping the committee to prepare their final recommendations for the use and handling of the disbursement of the Fund itself.

In response to the action of the Association in passing the resolution authorizing the Relief Fund to use funds for the purpose of making a study, the Relief Fund Committee has been organized for its new task, and such a study will be under way very shortly. It is anticipated that at the next Biennial, as a result of this study, there will be a report which will make very definite recommendations on the whole matter of relief giving and mutual insurance which will be presented to the delegates for their action.

A Message to the Graduates of 1930

MARY E. O'NEIL, R.N.

THE busy week of festivities—of banquets, receptions, and dances—has passed. The exercises of graduation week have come and gone and you have returned to your customary routine. It was a thrilling experience—that week of graduation and from the maze of impressions it left with you there is one which, perhaps, stands out more clearly than others and that is—that you have heard a great deal of talk about education.

You wonder, in your reflective moments, what can be the purpose of all this insistence on education. You say: "Am I not competent to care for sick people? After all, have the three precious years I have spent in a training school been only wasted? I do not want particularly to be a teacher or even a leader. I am content to remain in the humble ways of the profession. Give me my patient and a sufficient livelihood, that is all I ask." But have you ever considered that it is precisely because you do choose to remain in the sphere which brings you continually into close contact with your patient that you need more education?

In the course of the exercises of graduation week you also heard your profession much eulogized; you heard the nurse's calling idealized until you began to wonder that the head of every nurse does not wear a halo. However, in your sober moments, when you weigh the actual performance of yourself and your companions as you know it in your every day experience, you are willing to acknowledge, very sadly, that much of this Angel of Mercy talk is what your frank generation would term "the bunk."

This is not because you have no yearning to be a better nurse than you are. Dear knows! You would love to be an angel of mercy, and you have honestly tried and are trying to become more like one. But, unfortunately, there are elements both in your own nature and in your environment which oppose you. Too often and too easily do you forget your fine resolutions and slide back into the abyss of self-interest. The spirit is willing but the flesh is weak.

The spirit is willing, indeed, but the grosser inclinations of the ego hang like an iron ball upon it, curbing its flights and choking its aspirations so that it can rise but a little way above personal considerations. But, just as a mass of crude iron can be refined

of the impurities in it and moulded into a lighter and far more serviceable metal so, too, can the crudenesses of the human spirit, to a certain extent, be dissolved in the crucible of mental discipline.

Mind, I do not say that education is the only means one may resort to in order to temper this unwieldy mass of self assertiveness and make it more pliable to the will of the nobler nature, but it is one of the ways and consequently merits consideration.

Have you ever observed the behavior of truly educated people? I say "truly" educated because not all educated people are truly educated. Have you ever noticed how much more tolerant such persons are than less cultivated individuals, how uncritical of human shortcomings, how courteous and self-restrained under harassing conditions and, above all, what little concern they show for personal aggrandizement? These are properly educated people because they have approached education in the right spirit. They have made themselves passive to its effects and have allowed it to mould them into a finer form and have not striven to bend it into an armor of superiority or a sword to command for themselves a harsh power. They have grasped fully the great fundamental truth that the only justifiable motive in seeking a higher education is to make oneself a more agreeable and useful being and to fit oneself for better service to God's humanity.

The spur to education is not, or should not be, a craving for attainments which will enable one to stand out from his fellow-men on what is sometimes considered a "superior" plane, but rather a humble recognition of one's deficiencies. Sometimes it happens that the very effort to correct these deficiencies brings, in the course of time, a certain distinction. If so, well and good, but distinction rarely comes to him whose sole purpose is to seek it. To the majority, the only recognition will be that of the Recording Angel, who loves so to note the little, hidden, mediocre acts of daily service that seem so insignificant, yet are so far-reaching in their effects. And that is, after all, the best recognition.

So, I would tell all nurses, and particularly the young women who are just entering the profession, or who have entered it within recent years, to resolve that, if it be within their power to do so, they will at once or as soon as ever the opportunity arrives, continue their education. Strike out boldly for your college degrees—not just a Bachelor of Science but a Bachelor of Arts and then a Master of Arts. This can be accomplished by taking one or two subjects a year until the goal is achieved, for your education is no longer going to be a matter of two, four or six years but a life-time undertaking. That is what it means to belong to a profession; it is what sets a profession off from other occupations—this constant striving for perfection, in order to be able to measure up to the great responsibility a profession entails.

You may ask, why a Bachelor of Arts degree? Because the subjects comprised in that course are the ones which deal largely with humanity as a whole; they are the ones that help us to understand better both ourselves and our fellow-men. Humanity is the instrument upon which the nurse practices her art; she can never know too much about it. The necessity we are under at the present time of keeping up with the latest scientific developments is likely to keep us from neglecting that phase of our calling while, on the contrary, we are liable to

allow the pressure of circumstances to swamp the more human phases of it, unless we balance ourselves, as it were, with a large, sympathetic outlook.

This insistence on education may seem somewhat disparaging to those nurses who have up to now, many of them without any extensive learning, so nobly carried forward the standard of progress. I should be deeply grieved if any such interpretation were given it, for I do not think all the education in the world can, or ever will produce a finer, nobler or more self-sacrificing type of womanhood than that which has so far constituted the nursing profession. I only ask them to consider that the conditions which contributed so many of the elements of rugged worth to their development are passing away, for better or for worse, and that those conditions must be replaced by something suitable to the complicated requirements of the present day. Each generation must live in and adapt itself to the needs of its own time. When a child is young and dependent on its parents, it must submit to their discipline. But the time comes when it feels capable of acting by itself. Then, if the good training of its parents has inculcated a sense of responsibility, it begins to discipline itself. That is how it is with the nursing profession. It is growing up, learning to walk alone and, therefore, replacing the discipline of the training school with a discipline of its own.

Education must not be thought of as a task. Those who so regard it little know the rich return it makes its devotees in the form of spiritual peace and contentment. It contributes a certain flavor to the art of living. One grows in time to love one's books. More than this, it will actually make your work easier, for by making your minds keener and more discerning, it will keep you from making blunders and will smooth your path of many of the difficulties that often seem so formidable to the untrained mentality. It is not to add to, but to lighten, the burden of the nurse that this suggestion is made especially since as at present, the pecuniary compensation for all this "perfection" is so inadequate. However, matters are somewhat better today than they were ten years ago and one is justified in expecting greater improvement in the next ten years. Meanwhile, education is a long, slow process.

It is, however, an experiment well worth the venture and even though it may not succeed in making an Angel of Mercy of you it will, nevertheless, refine your personality into a certain resemblance to that delicate instrument—the harp—upon which the Angel is reported to express his rapture, in that the chords of your spirit will be more sensitively tuned to catch the subtle notes of humanity's yearnings, its joys and griefs and consolations, and to give back to them a responsive echo.

Movies for Teaching

A "FILM SEMINARY" was recently opened in Berlin, to instruct teachers in handling the apparatus for projecting moving pictures for classroom use, in the teaching possibilities of school films, and in making films suitable for school purposes. The teachers to be sent to the new training center are chosen by the central board from various educational establishments throughout the country. The art of teaching by means of motion pictures produced under the direction of authorities who would formerly have written textbooks on the same phases of their subject, is accepted by German educators as a normal part of their school system.—*The Survey*, July 15, 1930.

Practical Economies in Teaching

Suggestions Concerning Laboratory Materials in Bacteriology

JEAN BROADHURST, PH.D.

SOME years ago, a critic contrasted Mary Wilkins with two of her less able contemporaries, saying: "I like Mary Wilkins's stories. I like her poor people. But these others—they're too poor! They actually smell poor."

This criticism often comes to mind in considering our courses of study. As teachers, wanting so much more for our students than we are able to give them, we admit apologetically that our courses are poor things—too poor in background, in content, and even in application. But, while admitting that they are poor, let us pray and let us labor to keep them from being so impoverished that they, too, "smell poor."

Two common limiting factors in our hospital teaching are the meager time allotment for the curriculum, and the lack of sufficient funds for adequate equipment and working materials. Harrowed boards of estimate, superintendents, and supervisors, who have seen the educational offering doubled and trebled in the past generation, may feel that the sciences, particularly, are perpetually-demanding Oliver Twists, still daring to ask for more. It is true that a few institutions now provide sixty hours of instruction in bacteriology, and that many allow forty-five hours; but a number of hospitals still offer only twenty-five hours. It is quite evident, therefore, that in many individual hospitals the curriculum is still too limited in scope.

Equipment shows an equally wide range with regard to the teaching possibilities. Some hospitals are very fully equipped, ranking with or above the average college laboratories; while others still struggle along with unbelievable handicaps such, for example, as only a dozen Petri dishes, or only two or three microscopes for classes of thirty or more.

Since money and time are both, unfortunately, very inelastic, since no dollar and no hour can be spent or used more than once, it is imperative that serious consideration be given to both of these money and time relations. Can we do a task or an exercise more expeditiously? Can we substitute a simpler or cheaper piece of apparatus for an expensive one, and so double our working aids? Is it not possible that there is, after all, some way of "stretching a dollar" or of crowding more into an hour of instruction?

It is with the first of these situations that we are primarily interested in this discussion, for there is no more common excuse or apology for impoverished courses and inadequate training in bacteriology than the lack of funds. The limitations set by a meager budget are easily understood, but it is surprising to see what can be done with a small allowance. If a three-hundred-dollar autoclave is out of the question, media can be sterilized in an improvised streaming steam container, such as a wash boiler, as described in the suggestions below. Such rigid economy is not to be recommended, however, if it is made at the cost of hours of the time of instructors or students; for time is not only money, it is more than money. Instructors worth the positions they hold, and

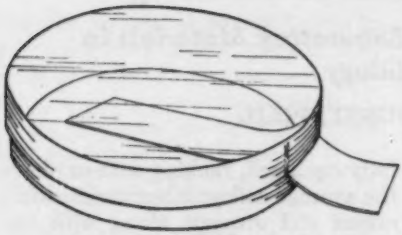


FIGURE I

A Petrie dish with a slip of absorbent paper to take up any water of condensation left after autoclaving. (Reduced to about one half)

students who will be credits to the profession, should not be sacrificed to what is often inertia or lack of appreciation of the real situation. An electrical device for the home advertises with some such words as the following: "If you do by hand what our machine can do for you, you are working for three cents an hour." There should be no three-cent-an-hour labor in the training of nurses! The suggestions in this article are concerned with expediting procedures and saving time as well as money.

Conservatives sometimes scoff at home-made apparatus and simple devices, branding them inaccurate, and objecting on principle to all substitutes. But we must not forget that bacteriology as well as all other sciences developed under just such limiting conditions as these substitutes provide. Before Petri invented the invaluable dish which bears his name, Koch secured pure cultures of bacteria by using gelatin heated in an open pan and cooled on a piece of window glass. Good bacteriological work was done before platinum needles were available; and, since our student laboratory work is to illustrate and clarify bacteriological principles and procedures rather than to develop technicians and research workers with "delicacy of touch," we are justified in substituting a cheaper wire when funds are limited. The difference between a one-cent chromel wire for our transfer needle and a platinum wire, which costs $1.50 will purchase five Petri dishes, ten one cubic centimeter pipettes, or seventy test tubes.

No originality is claimed for the suggestions which follow. Every teacher develops shorter, quicker ways of her own for doing routine procedures, and adopts less costly substitutes for expensive apparatus, especially if she is prodded by Necessity, the Mother of Invention. The suggestions submitted here are characterized briefly, without any special plan or sequence in their listing.

Chromel Wire for Transfer Needles

THE very low cost of chromel wire has already been mentioned. The main disadvantage of substituting chromel wire is that it does expand somewhat on heating, and it sometimes breaks the glass rod in which it is set. Taking care to avoid overheating or concentrated heating at the glass-wire juncture will reduce this difficulty.

Wash Boilers as Arnold Sterilizers

THE substitution of relatively inexpensive wash boilers (costing two to three dollars) for an Arnold apparatus is often useful, especially if the articles to be heated are not placed in contact with the wall of the boiler, and if free circulation of steam on all sides of the test tube baskets, etc., is ensured. Such boilers are convenient for the routine "sterilization" of non-pathogenic organisms used in laboratory instruction, and such routine examination materials as milk and water plates. Ham boilers have a broader base than wash boilers, and therefore hold more.

Paper Wrappers for Pipettes

PIPETTES may be wrapped in loose bundles of five or six, in newspapers, the mouth-end of the pipettes being at the fold-over end of the package, which may be held in place by an elastic band or a pin. A minimum number of pipettes may therefore be made up into a large number of packets, for distribution to individual students, a plan not always feasible with the large metal containers.

Water of Condensation in Autoclaved Dishes

WHEN the autoclave leaves too much condensing water in the Petri dishes, the surplus water may be cared for by placing in each dish, before sterilization, a strip of any kind of absorbent paper (filter paper or even newspaper) as shown in Figure 1. The paper can be drawn out at any time preceding the use of the dish by lifting the cover a trifle.

Loose Packing in Sterilizers

COMPLETE sterilization is less likely to be secured when the sterilizing chamber is overcrowded, when the articles are packed closely together, and when there is little opportunity for currents in the chamber. It has been demonstrated that test tubes of media, for example, should be loosely arranged in the baskets in which they are placed for sterilization, filling not more than two-thirds of the available space.

Bent Tubes for Fermentation Tubes

SIMPLE bent tubes, costing but eight to twelve cents each, may be used very satisfactorily instead of the more expensive Smith fermentation tubes. These bent tubes (Figure 2,) may be packed more economically than the Smith tubes, and there is much less breakage during sterilization.

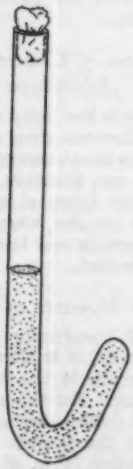


FIGURE II

An inexpensive type of fermentation tube for gas determination. (One half actual size)

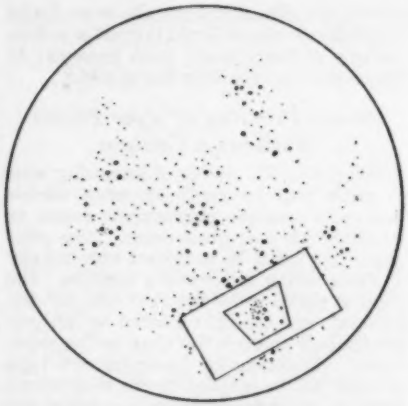


FIGURE III

A Petrie dish showing method of using cut-out pasters of designated sizes to calculate the number of bacterial colonies in crowded plates —over 300 colonies to a plate. (Reduced approximately one half)

Cut-Out Pasters to Give Fields of Desired Size for Observation

GUMMED pasters, cut out to give either one or two square centimeter areas, have been made so as to give fields of desired size for study. Crowded Petri dishes may be more readily counted if pasters are applied to representative areas (Fig. 3) and the counts based on these areas. The edge of the cut-out area fits closely to the Petri dish, and limits the area much more definitely than glass or pasteboard counting plates. The paper margin "rests" the eye when the Petri dish is held to the light for counting. These same cut-outs may be used below a slide, to spread out on a given area a known quantity of material; for example, 1/100 cc. of milk, in making direct counts of milk.

Reducing Water Condensation in Petri Dishes

REDUCING the temperature of the agar to as low a point as possible before pouring it into the Petri dish is helpful in lessening the later collection of huge droplets of water on the cover. The same result is sometimes attained by lifting the lid a few seconds while the agar is still hot, to allow some of the vapor to escape. Freshly made agar is more likely to form such droplets, having still a high proportion of water in it. The porous covers mentioned above will

obviate this difficulty; it can also be avoided if the plates are not subjected to great or sudden changes of temperature, from incubator to refrigerator, or even from day to night.

Direct Printing of Agar Plates Without a Camera

PERMANENT records of interesting agar plates may be made by using electric light with sensitive photographic paper, or sunlight with blue print paper. Blue print paper may often be purchased economically at shops selling architectural supplies. The paper is placed under the Petri dish, the top removed, and the light allowed to fall perpendicularly through the plate to the paper below. (Directions for developing each type of paper will be supplied by the sales office.) A camera is not necessary for these actual size photographs. Determining the proper time exposure for a given type of electric light, or for the sunlight intensity at a given hour or season of the year, may be economically done by cutting a piece of the paper to be used into several strips, and removing them at variously timed intervals to compare the results obtained.

Disposing of Agar Waste

WHEN agar waste must be disposed of preparatory to washing test tubes and Petri dishes, it should be poured, while still hot from the treatment in the boiler, Arnold, or autoclave, into hot water; and, thus diluted, it may safely be poured into the sink or hopper near the out-flow pipe. Another workable plan is to allow the agar after heating in the boiler, etc., to approach but not reach solidification, and then to collect it in newspaper bags and incinerate it with the paper and other combustible waste of the laboratory.

Holders for Petri Dishes

RUBBER BANDS for holding three or four Petri dishes may be made from discarded inner tubes of automobile tires, by cutting the tubes across in three-fourth-inch strips. These bands hold the plates very firmly together, and they have the additional advantage of lasting for years.

Plasticene to Control Movement of Petri Dishes on the Stage

IF a small piece of plasticene is placed between the bottom of a Petri dish and the microscope stage, it will keep the dish steady, preventing the "jiggling" due to irregularities on the lower surface and the constant and annoying changes in focal distance. It also tends to prevent too rapid shifting of the field under observation.

Preservation of the Agar Plates with Glycerine

A GLYCERINE agar layer or cover which will keep agar plates for prolonged periods, often for several years, may be made from 2 per cent agar sterilized in equal amounts of glycerine and water. A clear preservative may be secured by washing the requisite amount of agar in a cheesecloth bag, overnight, in clear, running water. The glycerine preservative is sterilized in 10 to 12 cc. amounts in ordinary test tubes, is dissolved when needed, and cooled to about 45 degrees before it is poured (gently) on the surface of the agar plate to be preserved. One drop of 2 or 3 per cent formalin may be added to the tube just before pouring, to ensure better keeping of the plate.

Porous Covers for Petri Dishes

THE semi-porous tops, used to prevent drops of water from collecting on the inner surface of the Petri dish cover, afford an inexpensive way of increasing the number of available Petri dishes. In sterilization, the breakage of the covers is greater than the breakage of the bottoms; glazed porcelain covers can now be purchased, for fifteen cents each, to use with the bottoms, which are otherwise useless.

Sterilization of Glassware in the Autoclave

MOIST heat is less likely to cause breakage of glassware than dry heat. If a dry air sterilizer is not needed for other purposes, its cost can, therefore, be devoted to purchasing other types of apparatus. Gas consumption is less also, when the autoclave, with shorter periods and lower temperature requirements, is used.

Direct Mounts of Molds

INSTEAD of transferring molds to glass slides for study, it is often preferable to study them directly in the Petri dish where they are growing. For this purpose, a good mounting fluid (which displaces the air and does not cause the threads to collapse) is obtained by adding ¼ cc. of ordinary broth to 10 cc. of sterile water.[1] If the cover glass is flamed and cooled before it is placed on the

[1] Determination by Dorothy Dawes.

mounting fluid, it is often possible to carry on fairly prolonged observations (for several days) without interference due to contaminations. Mounts so made are much more likely to show the plant parts in their real relationship than are transferred ones; and there is much less obscurity due to bubbles or large air masses than when water is used.

Improvised Hanging Drop Slides

IF the concave slides, costing twenty-five to thirty cents each, which are used for hanging drop slides are not available, hanging drop chambers may be made from the ordinary flat slides by using a small, brass upholstery ring or the eyelets sold to reinforce notebook pages. The ring may be vaselined or mucilaged to make it stick in place on the plain glass slide; and the gummed eyelets are, of course, moistened before placing in position. (Two eyelets may be necessary to give the requisite height above the slide and prevent the spreading of the drop.) Liquid vaseline makes a good seal for the cover-glass, which rests on the ring or the eyelets, and it is much less "mussy" than the vaseline jelly ordinarily used. One advantage of the small chambers thus secured is that the worker instinctively uses a very small drop, and is not, therefore, troubled by the "swaying" which occurs with large drops.

Indicating Desired Fields or Objects on a Slide

THE refinding of a special field on a microscope slide is often very difficult, especially in bacteriology. The common procedure is to "ring" the area by running the lens down on the slide, so as to secure a print of the lens in the immersion oil, and then to remove the slide from the stage and make a ring with India ink, wax pencil, etc., on the dry underside of the slide. An inexpensive movable slide holder has recently been devised, which indicates the horizontal and the vertical diameters of the field of vision on the stage, and has scales showing in millimeters from these diameters the exact location of the corners of the slide when a given object is in view. These readings are, of course, true for any given slide on any microscope, and are an aid in quickly finding any designated object or area.

Household Articles Useful in the Laboratory

TEN-CENT stores, hardware shops, and department stores constantly surprise us by offering some inexpensive article adapted to laboratory use. There we have obtained, from time to time, eight-ounce graduates for eight or ten cents each; glass trays for draining slides; rectangular silver-drainers, which made very good wire baskets by merely snipping off the hooks for attaching them to a dishpan; covered cylindrical cans, suitable for storing media; small wire soap-cups, for holding slides during staining; and ten-cent jars for waste, to use as substitutes for battery jars listed at forty to fifty cents each in catalogues of scientific supplies. Cracker cans and other tin food containers make good receptacles for storing media; and a remarkable uniformity in what is truly a motley assemblage of shapes, sizes, and colors is gained by giving them all a coat of white paint, especially if a color, such as blue, is used as a band around the covers.

While glimpsing this list, each reader has doubtless thought of other interesting, if not superior aids, which she uses in her laboratory. Would it not be a good plan to devote a couple of pages of the *Journal*, every summer, to lists of laboratory and teaching aids that have been worked out the past year, so that they could serve as a help and a stimulus during the coming year?

Teaching Preliminary Students How To Study

CARRIE A. BENHAM, R.N.

THE struggle of the student beginning a course in nursing is analogous to that of the college or university freshman. This period of adjustment has been recognized as very important, even critical, for a long time. Many of these students resign from the school during the first or second semester, giving a wide range of reasons for so doing; such as homesickness, dislike of the work, and illness, which in some instances has been more fancied than real. This state of affairs presents a serious economic loss to the individual student and to the school.

Within the last few years much study has been made to determine the facts of this situation, partially because, since the great increase in college enrollment, the problem has become much more acute. Years ago, the young person who went to college had, through her own good luck and effort, learned how to study, therefore liked to do so. But more recently, young people who have never known the technic of study are enrolling in great numbers in our colleges and universities. They do not choose college with this thought in mind; they have finished the secondary school after some manner, and for reasons other than scholastic aims have matriculated in our institutions of higher learning.

The Need

WHEN our colleges and universities began to compute the percentage of failures in their freshman classes, the figures were little less than appalling. William F. Book,[1] of the University of Indiana, states that during the school year 1926–27, "only about half of the freshmen who entered completed their total enrollment in the first semester in a way that was satisfactory to their instructors"; many fail in all courses, and as many as 16 per cent fail in half of their courses. He goes on to say that many universities dismiss one-fifth to one-third of the freshmen because of inability to do their academic work. Because of this grave situation, our educational institutions have undertaken to prevent this loss by giving some form of special orientation or "How to Study" courses, in some instances for all freshmen, in others for those who elect to take them.

Schools of nursing have found the very same situation in their classes. This may be due in part to the type of student who elects nursing, and in part to the nature of the course she is expected to follow.

The admission requirements of our schools are in general lower than those of the colleges and most of the universities. The average school of nursing does not insist upon its students coming from the upper two-thirds of the high-school class; nor does it make any distinction as to the course of study followed while in the secondary school. Then, too, we cannot deny that the less studious young woman has looked upon nursing as a profession in which she may do things with her hands, thus avoiding the more bookish aspect of learning, and not be required to study textbooks. These circumstances give rise to the presentation for credit of a wide range of subjects, including business and domestic science courses as well as those truly academic. Likewise, a wide variation in ability to study is found among these students.

[1] *School and Society*, October 22, 1927.

The nature of the preliminary course that is required in our accredited schools of nursing is quite new to the young woman just out of high school. Like the college student she is in new surroundings, including dormitory life, with its many distractions, and freedom to use her leisure time as she chooses. She must plan her own study time and develop her own methods of study. Often the work is presented in lectures by teachers who presuppose that their students know how to take notes. A fact of most significance is that, unlike the college student, our student nurse finds herself in the unnatural situation of hospital life.

To be required not only to carry the heavy course in the sciences, as prescribed by our curriculum, and the other professional courses that are presented, but at the same time to make the various adjustments, is a difficult task, indeed. These courses are of an exacting nature; there is little opportunity for generalization and careless work. With few exceptions they are unrelated in any way to previous courses in high school. The learning process is made all the more difficult by the fact that their past experience provides them with little to which they can tie the new.

Those instructors who have endeavored to meet this situation in their schools have first made a study of the nature of the need of the students. They find a great lack of ability to gain information from a printed page; in other words, they are poor readers. These students are unable to differentiate between important factors and those of less importance; they accept all or none of the material before them. The rudiments of note taking, from teacher or textbook, have not been learned well enough to be of value to them. Once they get the material before them, they are unable to organize it for further use. These students are not able to study independently, nor to use the time at their disposal advantageously.

How This Need Is Being Met

OUR more advanced high schools perceive teaching how to study as an important phase of their own work. Supervised or directed study seems to be the method of doing this most generally accepted. However, we are told by good authority[1] that "no mode of school room procedure is more misunderstood than is supervised or directed study." It is quite apt to become a period when the teacher does police duty, keeping the students from wasting their own and other students' time; or it develops into a time when the more courageous ask for and receive help, while the others flounder unnoticed. The same authority goes on to say, "There must be some objective and tangible material which the teacher can use as a medium between her own mind and that of an individual pupil whose silent study she is trying to direct." The objectified assignment sheet has been developed and found of great value, both to the teacher directing study and the student while studying.

Our colleges and universities have met this need by establishing special orientation courses, or "How to Study" courses, for the freshmen, wherein they are given definite schemes for planning their study periods, taught economical use of textbooks, reference libraries, and so on. Students who have not taken advantage of such a course in their first semester, often show marked improvement after doing so.

[1] Hilts and Shannon, "Directed Study: Materials and Means," *School Review*, November, 1926.

Schools of nursing have not yet, very generally, worked out this problem. Where facilities exist making it possible, study hall is kept. Some member of the faculty is present at the time of study hour to help, when asked, to keep order and to oversee the students. Other methods, usually some modification of this one, are in vogue elsewhere. The objectified assignment is being used in some of our schools with a fair degree of satisfaction of students and teachers.

In the Washington University

THE members of the faculty most intimately associated with the preliminary students in Washington University School of Nursing became very much interested in improving the scholarship of the school and promoting their health and happiness as well. A careful study of their class program was made, wherein we found nearly all of their wakeful hours were occupied with school work, if each student spent two hours preparing for each one hour class, and one hour for each laboratory period. It seemed little wonder that they became discouraged, homesick, and developed fancied or real illnesses that eventually made it impossible for them to continue in the work.

A list of study helps that seemed most essential to this group of students was selected from a list given by Whipple in his *How to Study Effectively*. With this list, we included a suggestive list of skills and abilities most useful for study from a paper on "Teaching How to Study," by H. A. Cunningham.[1] Mimeographed copies of these lists were placed in the hands of the students at a meeting of the class before the regular class work started. An instructor who was particularly interested presented this to the class, using the greater part of an hour in an endeavor to interest them in developing an ability to study. Here follows the list as our students now have it.

[1] *School Review*, May, 1925.

Suggestive Study Helps for Student Nurses

1. Keep yourself in good physical condition.
2. See that external conditions for work are favorable to study.
3. Form a place-study habit.
4. Formulate a time-study plan. Don't dawdle in getting started.
5. When possible, prepare the advance assignments in a given subject directly after the day's recitation in it.
6. Begin work promptly.
7. Work intensely while you work. Concentrate.
8. Have a clear notion of the aim. Decide what the purposes of the study are, and what you ought to get out of it.
9. Constantly pass judgment as to the degree of importance of items that are brought before you, and lay stress on the permanent fixing of those items that are vital and fundamental.
10. Use various devices to compel yourself to think over your work.
11. Form the habit of working out your own concrete examples of all general rules and principles.
12. Form the habit of mentally reviewing every paragraph as soon as you have read it.
13. Don't hesitate to mark your own books to make essential ideas stand out visibly.
14. Whenever you desire to master material that is at all extensive and complete, make an outline of it; if you also wish to retain this material, commit your outline to memory.
15. In all your work, apply your knowledge as much as possible and as soon as possible.
16. Check your temptation to consider doing more pleasant tasks until you are through. Do not interrupt your study for things that can be done later.
17. Break yourself of the habit of daydreaming, if you suffer from it.
18. Cultivate the reference habit. Consult the dictionary for the meaning and pronunciation of strange words.
19. Cultivate the habit of going over the main points or your weak points at the conclusion of your study. Summarize the

main points and be sure you have learned them.
20. Review briefly at your last opportunity before going to class.

Skills and Abilities Useful for Study

1. Skill in reading.
2. Habit of reading with a specific purpose.
3. Ability to organize ideas.
4. Habit of supplementing thought by asking questions of one's reading.
5. Habit of keeping a tentative attitude toward knowledge.
6. Ability to take notes—lecture and reading.
7. Ability to use library effectively.

Washington University School of Nursing has no general study hall, nor suitable space for a large number to study together, so our students must learn to get their assignments from their own textbooks while in their rooms. Reference material is studied in the reference library which will accommodate about thirty at one time. For their use when studying alone, objectified assignments sheets have been developed in certain courses, which the students tell us have proved of great help to them.

An effort to make them conscious of the time consumed while studying was made by asking them to time themselves and report how long they spent preparing each lesson. After a time, those who were regularly spending what seemed an unnecessarily long time, were called to a private conference and individual help given, pointing out for them their faults and showing them how to improve. All these students have learned to read faster, to concentrate while studying and to plan their study time to greater advantage.

The following assignment is one given in the course in The Principles and Practice of Nursing, wherein Miss Harmer's textbook of the same title is used as a text. Mimeographed copies are placed in the hands of each student. Being early in the semester, it is necessary to go into great detail.

Lecture II

Assignment: *The Principles and Practice of Nursing*, Harmer. Chapter III, pp. 20–39.

HYGIENIC HOUSEKEEPING

General Aim—To relate our knowledge of science to housekeeping.

Specific Aim—To apply this knowledge to specific instances in hospital housekeeping.

Care in keeping all conveniences in good working order is the duty of every member of the household or institution.

I. The ward as a home for the sick. (Read once.)
   Underscore sentences or phrases that state the main topics.
   Make marginal notes, if it will help you.
II. Ventilation.
   (a) The best temperature for a room is from —— °F, to —— °F.
   (b) The humidity in the hospital should be from —— % to ——%.
   (c) Patients do better when the temperature is constant. (True, false).
   (d) People, sick or well, should choose air that is perfectly quiet. (True, false).
   (e) Be prepared to describe what you mean by impure air.
   (f) List, in short sentences or phrases, the methods of securing proper air control.
      1.
      2.
      3.
      4.
      5.
      6.
      7.
      8.
III. Heating. (Read once.)
   (a) Turning off the heat is a more economical means of regulating the temperature of a room than opening the windows, when the temperature is too high in cold weather. (True, false.)
   (b) For hospital use, ——— is the more desirable method of heating.
IV. Lighting. (Read once.)
   (a) Barnes Hospital has provided for good natural lighting by ———.
   (b) The outstanding disadvantages of electric lights are ——— and ———.

V. Plumbing. (Read once.)
  (a) What signs would lead you to think something was wrong with the plumbing?
  (b) What should the young nurse do when she thinks there is anything wrong with the plumbing?

VI. Cleanliness. (Important.)
  (a) Cleanliness and health are inseparable. (True, false.)
  (b) Dirt always harbors bacteria. (True, false.)
  (c) The method of cleaning will depend upon:
    1.
    2.
    3.
    4.
  (d) List types of cleansing agents, giving example of each.
    1. 4.
    2. 5.
    3. 6.

VII. Hospital posts. (Read once.)

VIII. The ward kitchen. (Read once.)

IX. Relation of ward to linen room and laundry.
  (a) Blood makes an (organic, inorganic) stain; to remove ————
  (b) Iodine makes an (organic, inorganic) stain; to remove ————
  (c) Rust makes an (organic, inorganic) stain; to remove ————
  (d) Urine makes an (organic, inorganic) stain; to remove ————

X. Spelling. (Be able to spell correctly and to define accurately.)
  (a) Solvent.
  (b) Feces.
  (c) Absorbent.
  (d) Humidity.
  (e) Volatile.
  (f) Sewage.
  (g) Prophylactic.
  (h) Fumigation.
  (i) Pediculus (pl. pediculi).
  (j) Variability.

XI. Write a paragraph on one of the following topics. (Use a separate page of paper.)
  (a) How you could regulate the ventilation (all factors) in a room heated by a hot air furnace.
    Or, suppose you are caring for a member of your family who is sick in your own home.
  (b) The selection of the sick room.
  (c) Care of blood-stained linen before sending to be laundered.
  (d) Prevention of annoyance by flies.

By making a definite assignment on this sheet, all questions and excuses relating to this phase of the lesson are eliminated. Every student should know the aim of the lesson she is studying, the goal for which she has set out. Stating this aim and calling their attention to it, both at the time the assignment is put in their hands, and, again, in the recitation period, should assure a satisfactory knowledge of the leading topics of the lesson. Sometimes a pertinent thought is stated at the beginning of the assignment, to make the idea more impressive.

Then a rough outline of the material to be studied is developed. This is intended especially for those students who have left high school with a very vague idea of this means of study. As the semester advances, further opportunities for outlining subject matter is given to the class; the instructor then gives personal help to those who need it most. A great effort is made to help them to make concise outlines, using suggestive words or clauses, rather than the complete sentences that many high school teachers require. Emphasis is made upon economy of time and effort in preparing an outline for their own future use. By the end of the semester, the class is expected to be able to outline reference material fairly efficiently.

Various suggestions for study are made in the assignment that is given early in the semester. The relative importance of subject matter, means of ensuring memory of the main topics, and their own reaction to these topics are indicated. To help the poor reader, we say "Read once," and then provide questions on the paragraph that they may test their own reading.

Entering students have to acquire

an unusually large vocabulary in this first semester. Carefully chosen words, which will be needed in the immediate future, are assigned for them to learn to spell and define. The instructor expects to use them freely in class; if there is any doubt as to their meaning, further attention may be brought to them in the recitation period.

Our present conception of learning, according to the philosophy of Dewey and his followers, states that the learning process is a reconstruction of experience; in order that learning may occur certain bonds must exist between the past experience of the student and that which is to be learned. It must become as much a part of the student's life as that which has already passed. That these bonds may be built up and strengthened, a satisfaction must be derived from the experience; only so can the desired change be assured. Kilpatrick gives the same thought when he states, "Nothing has been learned until it is there ready and disposed to serve as an actual way of behaving."[1] This amounts to what Dewey means when he says "Education is growth." Opportunity, therefore, must be provided by the instructor that these bonds may be created to unite our students' new subject matter with their past experience, and learning may thus occur.

Furthermore, concomitant learnings must be provided for. The students must consciously assume attitudes toward nursing situations that will develop their moral selves. They need practice in feeling as other people feel in certain situations that they may appreciate the emotional lives of the patient and his friends. It is also desirable that a close connection to the home situation be made in the preliminary course, hoping thereby to simplify nursing in the home—whether private duty, visiting nursing, or whatever the service—for our future nurses. With all this in mind, each student is given the opportunity to write a very short paragraph upon a topic pertaining to the assignment, but, at the same time, referring to her previous experience for the most of it. Great effort is made to make this especially practical. By allowing some range of choice, if possible, the student has more freedom of thought, and will be able to see and feel herself in this proposed situation more readily. This phase of the assignment becomes impractical when certain of the more technical procedures are under discussion.

[1] *Foundations of Method*, Kilpatrick, p. 277.

Conclusion

IN conclusion, the needs of our entering students have been studied with the view of helping them to enjoy a profitable and happy student life while in our school. Their deficiencies have been faced and analyzed. Their coming difficulties have been recognized. By making them conscious of some of their faults, as well as of their progress, these students should learn to study effectively, and with comparative ease. They will enjoy studying, as they overcome their handicaps, gain in knowledge and find enjoyment thus widening their mental horizon. The objectified assignment is one means of furthering their ability to study, and to secure information from text and reference books. It is found that students enjoy using it and the instructors are feeling greater satisfaction in the work done in their courses.

Miss Goostray's Message

*(Stella Goostray, for seven months, has been privileged to serve under the Committee on Educational Policies, as Adviser. She has studied the records of schools of nursing which the Grading Committee indicated were in especial need of assistance. Her letters to such schools are said to be cordial and constructive. This urgent message is based on seven months of careful analysis by a highly competent person. Our professional health urgently demands that it shall be accepted and that swift action shall follow.—*EDITOR.)

A SEVEN-MONTHS' leave of absence is at an end, and this is written on the morning when I am having my first opportunity to read the finished report of Section I on my own school, and my own sins of omission and commission are staring me in the face.

The opportunity to help with the Grading Study has been an illuminating experience. As I have seen the records of some fourteen hundred schools, there are some questions which have come to me over and over again. How can a school possibly afford to teach ninety hours of Anatomy and Physiology to one student? What kind of an educational program can a school afford to set up for a school of two or three students? Why does a school accept students from other schools and give them the diploma of its school without receiving complete educational records which show that they have completed an equivalent course of study? What is the minimum number of patients which will furnish a sound nursing education so that the graduate of that school will be qualified to nurse all kinds of sick patients? Are we justified in putting into the curriculum of a school of nursing subjects which may have cultural and other values but are not directly concerned with the care of the sick or the prevention of disease? Would it not be better for senior students to spend the time, which they now spend in the laboratory in some schools, in nursing patients with all that it means in applying knowledge gained in basic sciences early in their course?

Are we putting as much emphasis as we should on the formulation of the practice in the curriculum and then carrying it out? These are some of the questions.

These are not new questions, but I come away from the experience with the belief stronger than ever that we need to conduct a tremendous educational campaign. Some means must be found to give help to schools which need it—and that help may frequently be the convincing of certain hospital boards that their hospitals have no moral right to conduct a school of nursing.

In the highways and byways of this land we have got to make it clear that the public's concern for the proper nursing care of the sick is our concern. And because the roots of most of our professional problems are in the school of nursing, there must be clear, constructive thinking, not only on the part of those especially concerned with the question of nursing education but on the part of all nurses, especially those who are members of the American Nurses' Association, as to what constitutes a school of nursing, what are its objectives, how can they best be achieved, how can we better equalize the supply and demand.

There are two things on which we must hammer everlastingly. *A school of nursing and the nursing service of a hospital are not synonymous. A school of nursing is an educational institution and is to be judged by educational standards.* It is certain that it would be a professional tragedy to have the work of these past four years terminate with a written report from the

Grading Committee and nothing more be done. We have set our hand to the plough; we cannot turn back. *We must find the means to reap a harvest of sound nursing education, with all that it implies in more intelligent nursing care of the sick and a more intelligent handling of health problems.*

Nurses' Clubs or Nursing Centers?

NURSES, in various cities, have assumed direct responsibility for well over $1,000,000, invested in nurses' clubs. An inquiry into the professional value of these clubs is timely.

They all have more or less limited residential facilities, in addition to providing space for an official registry and a center for meetings and other nursing activities. Data have not been collected on the amount invested in residential clubs for nurses by the Y. W. C. A., St. Barnabas Guild, and commercial organizations. It undoubtedly totals at the very least another million dollars.

The sums are imposing. Are nurses satisfied with the results of their own investments? Is a residential club, especially one accommodating only a small fraction of the supporting membership, a desirable and rewarding professional activity? Could suitable residential facilities be provided more readily through other channels? What, in general, is the purpose of a nurses' club?

Replies were received from twenty clubs and nursing centers to which a questionnaire was sent. In response to the question, "What influences led to establishing the club (or center)?," *every one* of the twenty indicated a need for dependable and adequate accommodations for meetings, registry, and other professional activities. Only seven indicated a need for housing facilities, and, of these, three are alumnae clubs which have an active interest in helping the recent graduate to establish herself.

The Residential Club in a Converted Building

FOURTEEN of the twenty clubs sending in returns are established in residences or apartment buildings which have been more or less adapted to club use. Of these, ten are under the direction of district associations, three are alumnae clubs, and one is headquarters for a county group within a district. Four represent sums of money with which the property was purchased, or direct gifts of houses. Two had substantial gifts which were supplemented by the professional group. One rented for a year or two before purchase. Those purchased without the aid of gifts have been financed either by relatively large down payments and notes, down payments and mortgages, or by bond issue. The others rent or lease.

The number of residents accommodated in this group of clubs varies from eight to forty. Answers to the question, "What percentage of the supporting group is accommodated?," vary from "infinitesimal" to "three per cent," with one accommodating seventy per cent of the total number. Several failed to answer. Several replies, some from small clubs, indicate that rooms are rented to non-nurses because a sufficient number of nurses have not made use of them.

The majority of these clubs find their living rooms adequate or fairly adequate for meetings. Several, however, have to rent other space for any but committee meetings.

Twelve of these clubs house registries. Two of them are alumnae registries; nine are official registries under the auspices of the respective district associations. The business relation between the club and the registry is not always clear. In some instances, the registry pays rent to the club. In three, the income from the registry definitely helps to "swing" the club; in one the club helps to carry the overhead of the registry.

Only two of this group of clubs gave an unequivocal "Yes" to the question, "Is the club a financial success?" One said, "In a small way." Three replied with an unequivocal "No."

The question, "Do you consider the club a social success?," brought nine affirmatives. To the question, "Do you consider the club a professional success?," eleven replied in the affirmative, basing their reply on the increasing use of the club as a center for professional activities. Only five, however, are ready to advise others to do likewise. From one city, which has operated a residential club in one part of the city and a central headquarters in the downtown section, we have the frank statement, "We have not yet discovered what type of club nurses want," with the added suggestion that probably a building designed as a woman's hotel with single rooms and apartments would fill the need.

One of the successful clubs of long standing is still renting; one of shorter life suggests renting for an experimental period. Several advise against the use of buildings erected for other purposes because of waste space and costly overhead of unsuitable buildings. One, which is operating in a handsome old residence which was a gift, reports that a mortgage has been placed on the property to pay taxes, and implies that a *residential* club is not a wise investment of funds or of professional energy. Another of the "gift" clubs reports that taxes and depreciation are eating into the reserve fund which was left over from the original purchase price, and this in the face of the fact that the club needs to expand in several ways if it is to become genuinely efficient as a center of nursing activities. A serious disadvantage of the converted residence type of club is that such buildings do not readily permit of expansion. Some of these properties have increased greatly in value; others are not readily saleable.

Residential Clubs Built for the Purpose

A SECOND type of club, of which four examples are included in the study, is the club built for the purpose. Two of these are controlled by organizations sympathetic to nursing and not by nurses themselves. One of these, accommodating seventy-two persons in rooms and apartments, with suitable space for meetings, for the registry, and for social gatherings, which was built by a district association on a bond issue, writes, "Do not start a club on a bond issue," thereby indicating a financial responsibility out of keeping with the satisfaction enjoyed.

On the other hand, an alumnae association which now leases a building accommodating 180 persons, which was erected especially for them, writes that the association has maintained a club for over thirty years and expects within a few years to have the use of a new 300-room building. It is a moot question whether this type of club, maintaining its own registry, is in line

with the newer thought in the distribution of nursing service.

The largest nurses' club of which we have knowledge, the Central Club of New York City, was built and is operated by the Y. W. C. A. at a cost of $400,000, for the purpose of providing a "central headquarters for nurses which shall offer the freedom, advantages, and protection of a home under Christian influences." The district association and other nursing organizations have arranged for the use of rooms for meetings, but the Central or Official Registry of the district association is housed elsewhere. The membership is limited to registered nurses and no nurse may live at the club for a period exceeding five years. The success of this club from a residential standpoint is attested by its long waiting list.

Another successful residential club of this type is the St. Barnabas Guild Nurses' Club, of Cleveland, Ohio.[1]

Nursing Centers

A THIRD type of club, or nursing center, seems to be growing in favor. The Cleveland Nursing Center, housing all nursing activities in the city, thus including the Isabel Hampton Robb Club with its professional library, which was once a small residential club, is unique. The district association and its official registry have space under the spreading roof of the Center.[2] This Center, thanks to a generous landlord, is occupied free of rent and taxes, but maintenance is a considerable item. The management is vested in a Board of Governors on which sit representatives of the organizations using the Center. The residential needs of the nurses of Cleveland are fortunately cared for by the Club House provided by St. Barnabas Guild.

The First District Association of Illinois (Chicago) has had wider experience than most. A residence, some distance from the business section of the city, and strictly a residential club, given to the association some years ago, still provides living quarters for a small percentage of the membership. The Official Registry, association offices, and a lounge are maintained in the heart of the city. Smaller meetings are held there. For meetings of more than seventy-five persons, rooms are rented at the Chicago Woman's Club. The association is still studying the question, "What is the best type of nursing center or club?"

The Third District of the Minnesota Association (Minneapolis) has a center which provides accommodation for the official registry, a rest room with four cots, for those who wish to rest between engagements, a large club room which accommodates all regular and special meetings of the various nursing organizations. An adjoining kitchen and serving room make possible the serving of refreshments. A library is being built up and, through all these means, a true nursing center is functioning effectively in Minneapolis.

In San Francisco, which has long had a residential club which housed the Official Registry (see *Pacific Coast Journal of Nursing*, April, 1930), "a foundation is being established to provide for the permanent maintenance of a headquarters. The Western Women's Club has been selected as a location." This club forms an unusual and fortunate setting. First, it is a large, beautiful, and highly useful building, centrally located. Secondly, its many activities attract. Among these are its

[1] See *American Journal of Nursing*, April, 1926, p. 293.
[2] See *American Journal of Nursing*, March, 1925, p. 173.

People's Assembly, which is the department organized to promote adult education through lectures, classes, and courses in which the public may participate; the department of athletics; its Art Gallery and Playhouse departments. The district association will have in this building business offices, the bureau of nursing service (official registry) with its all-important telephone and waiting rooms, a well equipped lounge, accommodating cozy groups on ordinary occasions but capable when needed of seating 150 persons. This room has pantry and kitchenette adjoining. The association will continue to maintain its residential club, and the rooms used for business offices before the business organization was moved to the center of the city will be equipped to care for a few more residents.

Directly and indirectly we have heard of associations which have worked to accumulate club house funds, only to abandon the project. An outstanding example of this was the action of District 1, California State Nurses' Association (Alameda County see *American Journal of Nursing* December, 1927) which, after laboring for years, found that "times changed and with the years came new ways of living, and the need of a club house disappeared." A fund of $25,000, therefore, was given to the University of California "to create an endowment fund, the interest of which shall be available as loans to its members who wish to take advanced work in the university."

This study is not conclusive. It reveals a wide variance of opinion, and in some cases radical change of opinion through the years. It is quite clear that professionally-minded nurses are deeply interested in centers where professional activities may be focussed and from which professional information may be disseminated. It is not clear that the housing of nurses should be a direct activity of professional organizations. The replies seem to indicate that, when the professional organizations assume the direct financial responsibility for housing, it is done at the expense of tremendous effort on the part of the officers and not always to the satisfaction of the majority of the supporting membership. The satisfaction of the groups housed in clubs built by some other business or organization suggests that, before assuming the responsibility for financing a residential club, nurses might wisely canvass the possibilities for having their special needs met through other channels. The acumen shown by the Brooklyn nurses, District 14, New York State Association,[1] in placing the responsibility for large-scale real estate promotion with a well established business organization, is thought-provoking. It seems to imply that if an appreciable number of nurses wish to live under one roof suitable accommodations may be provided without taxing professional nursing organizations with the responsibility for large real estate operation, and that a sufficient amount of professional control to ensure consideration of the particular needs of nurses may be provided.

National Hospital Day Award

THE American Hospital Association, 18 East Division St., Chicago, asks that all hospitals and others who participated in the celebration of National Hospital Day on May 12 of this year send in their material for the contest for award to be given for the best demonstration of display. The material will be displayed at the convention in New Orleans during the week of October 20 and the award will be made at the convention.

[1] See *American Journal of Nursing*, June, 1930, p. 735.

Injection Treatment of Varicose Veins

MYRTLE E. RIX, R.N.

TWENTY-FIVE years ago a surgical Outpatient Department and varicose ulcers were inseparable companions; every surgical clinic had a large number of them. The only way in which these ulcers could be cured was by a long period of rest in bed, or possibly by surgical removal of the veins when the ulcer was healed. This for most people was quite out of the question.

Patients are now cured of their varicose veins and ulcers, seldom losing any time from their work. The injection method has distinct advantages over the treatment by operation. There is practically no loss of time, no hospitalization, no anesthetic, less expense, with consequent economic benefit to the patient. This type of treatment is made available to a large number of patients. Patients coming to surgical clinics for treatment of varicose veins and ulcers are first referred to the medical clinic for examination, especially the arterial circulation.

VARICOSE VEINS, BEFORE TREATMENT

SHOWING THE SAME PATIENT AFTER A FEW TREATMENTS

Contra-indications to the treatment are few, such as severe kidney disease, myocardial degeneration, and pregnancy. The only absolute contra-indication is a deep thrombophlebitis. After the medical examination the patient goes to the vein clinic, brief past and present histories are taken, the patient undresses if a man, or if a woman exposes both legs to the thigh, and stands on a platform. Both lower extremities are examined by inspection and palpation. On account of the edema and induration not infrequently present with ulceration, many of these veins are invisible.

The equipment required is simple. First of all it is important to have good light. At our hospital a platform eighteen inches high is placed in front of an examining table and the

doctor sits in front of the patient. Glass syringes, lock-Luer type, of 2 cc. to 10 cc. are used; short bevel, 24-gauge, ¾-in. needles are best. Sterile gauze, gauze bandage, adhesive plaster, ether and alcohol 70 per cent, two sterile enamel cups, one for quinine urethane and one for sterile water, are placed at the left of the doctor.

Different solutions have been tried; chief among these are: sodium salicylate 20 per cent, quinine urethane, sodium chloride 20 per cent, and the sugar solutions 50 per cent, but the best results have been obtained in this clinic with Genevrier's mixture of quinine hydrochloride and urethane.

Quinine hydrochloride	4.0 gms.
Urethane	2.0 "
Distilled water	30.0 cc.

Our treatments are given at weekly intervals. More frequent injections, while desirable, cause discomfort.

The flow of blood in varices, particularly the larger ones, is stationary or slow toward the heart while the patient is lying down, and toward the periphery when the patient stands, the blood flowing down the superficial saphenous vein through the communicating veins to the deep system. Therefore the treatment must have as its object the destruction of these varices with their reverse flow.

The patient stands on the platform or sits on the table with feet resting on the platform. The site for injection is selected and the skin is cleaned with ether and alcohol; the needle with filled syringe attached is inserted obliquely, pointing upward into the vein; the solution is injected slowly. If the patient complains of burning, or swelling appears, the injection is probably extra-vascular and should be discontinued. Sterile water injected into the same area may prevent the development of an injection ulcer. Directly after the needle is withdrawn, firm pressure is exerted for one or two minutes, by means of sterile gauze, over the site of the injection, in order to prevent the escape of the fluid, then a firm bandage is applied and fastened firmly with adhesive. The bandage may be removed at any time if too tight; otherwise it is left on for two or three days.

Psychological reactions: Nausea, vomiting and fainting sometimes accompany the first treatment.

Pathological changes: first, a cloudy swelling of the intima which spreads to the outer coats; thus the lumen is pinched off and the blood squeezed out of the vein as it becomes of smaller calibre. As this occurs the flow of blood is slower and thrombosis takes place, which is the second pathological change. The clot is firm and almost a part of the vein wall itself, making the danger from embolus practically nil. There is usually redness and tenderness along the course of the obliterated vein for a few days.

If the patient has an ulcer it is usually dressed with an antiseptic ointment, such as boric acid, zinc oxide, or balsam of Peru. Aristol powder has proved quite satisfactory if the ulcer is clean. The likelihood of recurrence is less than with surgical operation and permanent cure five or six times more certain than with operation. All the varicose veins must be destroyed and, when this is done and the ulcer healed, support may still be necessary for a short time. The patient is instructed to return in a few months for check up.

References

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The Transportation of Sick Patients

NELLE SMALLWOOD, R.N.

I HAVE frequently heard nurses remark that, if they were called upon to acccompany an ill patient to his home in a distant city, they would not know how or what to prepare to take along. Having on several occasions traveled with ill patients, it has occurred to me that my preparations and experience might be of interest to others.

See that transportation and sleeper accommodations are made in ample time so that the best may be secured. When traveling from cities it is best to make these arrangements through the city railroad offices, rather than at the station, being particular to explain your problem and the condition of the patient. My experience has been that when they have this information in plenty of time I receive their most earnest coöperation and generally find that the drawing room in a sleeper has been properly prepared and ready, and is on the most convenient side for handling the patient. (On one occasion the railroad had the car turned so that an ambulance could come up to the window and receive the patient.) Then, it would be well to see the station master and advise him as to your needs in loading and unloading your charge. Ambulance facilities should be arranged in advance and when the patient is helpless extra attendants should be provided.

Next in order is to prepare all medicines and other necessities, being careful that nothing you are likely to need is overlooked.

Probably the outstanding trip in my experience was that when I had the care of a gentlemen who was suffering from an inoperable tumor of the spine, causing complete paralysis from the waist down. This trip was from an eastern hospital to his home in the Southwest. We left in the early evening, reaching his destination at eight o'clock the second morning, a total of thirty-six hours, or two nights and a day in the sleeper.

Ambulance service, transportation, and sleeper accommodations were arranged for as indicated above. Acquainting the transportation company of the patient's condition had resulted in orders being passed along in advance and, at every terminal where the train was switched, the utmost care was used to handle our car with the least possible jolting. At various points en route a railroad representative called to inquire as to what could be done for the patient's comfort.

Due to this patient's condition, bladder irrigations, hypodermics, and other bedside care were necessary en route. To care for him properly I considered what would be needed to cover every contingency that might arise and provided myself with the following:

- Rubber sheeting 36 x 36
- Bed pan
- Two hypodermic syringes
- Six hypodermic needles
- Two sterile Kelly clamps
- Alcohol for rubbing
- Alcohol for hypodermic
- Sterile water
- Cotton and gauze
- Quilted bed pads
- Paper napkins (for expectoration)
- Three drinking tubes
- Cotton pads
- Two soft rubber catheters (sterile)
- Vaseline (sterile)
- Funnel and rectal tube
- Hot water bottle
- Bandage scissors
- Curved basin (large size)
- Irrigation bag
- Mouth wash
- Aspirin, grs. v
- Schlessingers Solution, 10 Mgm. (for hypodermic)
- Sterile boric 50 per cent, for bladder irrigations
- Adhesive tape
- Stoppers (for retention catheters when moving patient)
- Drainage tube with connection
- Two-quart bottle for drainage
- Safety pins

I might say that every item mentioned was used, except extra catheter and rectal tube. For the trip a fresh retention catheter was inserted and, fortunately, a change was not necessary en route. As the patient had free evacuations on the day of departure, an enema was not needed. The usual hospital attention was given after the patient had reached home and rested a little. I sterilized hypodermic and needles, packing them in gauze in such a way that one could be removed without contaminating another. I had a pint fruit jar with 70 per cent alcohol, into which I dropped the hypodermic syringe after using, in case of an emergency. Only two hypodermics of Schlessingers Solution 10 Mgm. were given on the trip, one at bedtime the second night and the other before leaving the train at the end of the journey.

The boric solution 50 per cent I had sterilized in a 1500 cc. flask and packed with cotton pads and extra bed pad. The Kelly clamps were wrapped separately. Alcohol, for hypodermics, and sterile water I had in sterile pint fruit jars with screw tops. Catheters were wrapped in sterile gauze. The irrigating bag of rubber had been dry-sterilized and an extra tip was included in the package. I was very careful not to contaminate the inside of the bag and, by using a new tip, could use the bag a second time. I heated the flask of boric in the kitchen of the dining car and used just what I needed, leaving enough for the afternoon treatment.

We had the patient at the station in ample time for his comfort. He was so delighted with the prospect of getting home that he was most cooperative and in the best of spirits. As the train drew into the shed, the passenger representative and I went into the drawing room with a porter, who was told not to leave me until I had finished with him. I had both mattresses placed on the lower berth, leaving the top berth up. We placed sheet over mattresses, then rubber sheet and a sheet folded for drawsheet, pillows in place, and quilted pad. The patient was admitted through the window, which was done very nicely by placing the baggage truck along the window. Several men stood on it and, with others lifting the stretcher up to them, they passed it along to the porter, one other man, and myself. We then eased the patient to the bed with only slight discomfort on his part. The whole transaction took less than ten minutes. I then placed a blanket over the windows with shades drawn, pinning it to the hooks on the light fixture at each end of the berth, tucking it well under the mattress so that no wind could reach the patient. I arranged a number of small pillows under his legs and shoulders until we had him perfectly comfortable, placing a cradle made from strong 18-inch wire fencing over his feet to keep the weight of the covers off his legs. I then arranged sheets and blankets to his liking, putting an extra blanket over the foot of the berth, tucking it in well so that no draft could possibly strike him. It was late November, with snow on the ground.

The usual nightly medicine had been given before leaving the hospital (veronal, grs. ss; codein, grs. ss; and aspirin grs. x), and by the time I was ready for bed the patient was sound asleep and slept so soundly all night that I felt worried about him, but he was so completely relaxed and happy that it was almost 6.30 before he opened his eyes.

I had arranged the drainage bottle on the floor, bracing it securely by folding a towel around the bottle and

pinning it to the side of the berth. The first thing we did to start the day was the usual morning toilet, preparation for breakfast, and rearrangement of pillows, with particular attention to the back which I rubbed well with alcohol and powdered, as I placed a fresh pad under the patient's hips.

We were most fortunate in having a diner next to our car, with the kitchen nearest to us, which made it very convenient for me. We arranged luggage to make a table on which I could set a tray and feed the patient with ease. About 10 a.m. I gave a bladder irrigation. I took the flask to the kitchen and the chef warmed it for me and by hanging the irrigating bag from the light fixture, I had it just the right height for irrigation. The basin received the return flow.

I got some newspapers and the patient enjoyed reading; then he took a short nap and it was lunch time before we knew it. About 4 p.m. I gave the other irrigation with equal success. I frequently eased the patient's position, rubbed him with alcohol, and changed pillows. Like most patients, he enjoyed the slight change. After supper Mr. L. enjoyed a visit from a friend who got on along the route. He was asleep by 10 p.m., but didn't sleep as well as on the first night. He awoke early, worrying about how we would get off the train. I asked the Pullman conductor to lend us two blankets. I took a sheet and the two blankets, and rolled the patient in them. One blanket and sheet were pinned around the patient to form a wrap along kimono lines, fitting snugly over his bathrobe. This I had put on the patient backwards. Sleeves were fashioned from blanket and sheet with safety pins so that his arms were free. Blanket No. 2 was used as a stretcher, catching corners and sides for lifting. A truck was pulled alongside the window as when loading the patient, some strong men, reaching in the window, caught the ends of the blanket and passed it along to others on the ground as we eased the patient through the window. We found this arrangement much easier than the stretcher had been when getting on the train.

Ambulance and family were waiting, so we had plenty of help. The patient was placed on the stretcher and in the ambulance, and we were home in a very few minutes. He was transferred to a comfortable bed and was so happy at being home again and seeing friends. He ate breakfast and seemed quite a different person. After resting we started our usual daily routine.

My chief concern was to keep this good work going, so I daily tried to have something new to help time pass. As he gained strength we found new things to do.

The bed pan was not so comfortable and the patient thought if he could sit up he would begin to gain control of the bowels. We tried a commode, but it was too low. I took a chair about as high as the bed, sawed the seat out to a comfortable sized commode, padded it with white outing flannel, and covered the bottom of the chair with an oilcloth apron, placing shelf for the pan across the rungs of the chair. Over this we made a cretonne cover to match other chairs in room and it did not have the appearance of a commode. We found this was the most comfortable arrangement, and by getting up at regular intervals he soon had formed gratifyingly good habits. Each day he ate prunes cooked in senna, and no other cathartic was necessary.

The next step, as the days passed, was to circulate through the house.

I found an old Morris chair, that was a good size, and painted it a pleasing shade of gray. A carpenter fastened a large ball bearing bed-size caster to each leg of the chair, and with this we could go to other rooms and to the table for the mid-day meal with the family. We all encouraged old habits. As strength was gained we added a few more clothes each day until on Thanksgiving the patient came to dinner fully dressed. I don't know anything that gives a man as much confidence as having his pants on after a long sick spell!

We then ordered a wheel chair and got out on the porch. We had a ramp built to take us down in the yard, avoiding steps. Very strong timbers were used for this, well braced by strong cross supports, resting on solid blocks. On each edge a 2 x 4 strip was used, so as not to let the wheels go over the edge. Down the center of the ramp cleats were used to help me brace myself while taking the chair down. After a few days we wheeled around the block each day, venturing farther away until we finally got to the patient's place of business. We looked it over, not going in, but next time we went in and each day stayed a little longer, until the patient got to his desk, with the aid of the elevator and by removing a door from the hinges. He then tried to take a few steps, gaining one more each day, until he could walk from the bed to the dining table. As progress continued we went for rides in an automobile, increasing the time until he could easily go for two hours.

Each day we added something more, reading, cards, cigars, fruits, business, a surprise here or there, and the days were much shorter. He gained strength, ate more and slept better and was not taking anything in the form of medicine except the senna.

When rainy days came I knew that our efforts to get into the sunshine had not been in vain. Confidence had been established and the patient could get to the commode alone, could stand without assistance, could dress himself and showed such pleasure when praised for his efforts.

Each day brought new interests and improvement. I stayed South just as long as I possibly could. While it was a very trying and difficult case, with long hours, I found that great satisfaction of feeling that I had made an effort to make life just a little more bearable for one whose malady had only one course.

I once went to a southern state to accompany a patient North. This patient had to have compresses constantly on an infected foot. I could get hot water from the diner and kept up the heat with the aid of hot water bottles, protecting bedding with rubber sheeting and an extra sheet.

Again, I recall a trip with a month-old baby. I arranged this twelve-hour trip by sterilizing bottles and nipples and wrapping separately. Feedings were carried in thermos bottles and transferred to the bottle as needed. A rubberized bag is a necessity to carry soiled diapers. I first flush them well in the commode, wring tightly, and place in bag. I arranged a bed with pillows on the seat, and the journey was ended all too soon.

I would like to add that after a patient is removed from a train the room is sealed until the car reaches the yard and then given special fumigation. All linen used is given special attention and not mixed with regular sleeper laundry.

The Florence Nightingale Medal

CLARA D. NOYES, R.N.

IN the summer of 1912 the Ninth International Red Cross met in Washington, D. C. At that time the Memorial to Miss Nightingale was agreed upon.[1]

Undoubtedly Miss Delano believed that her efforts to restrict awards of the medal only to "trained nurses" would be understood, and only those who fell into this class—as she understood it and as it was so stated in the report of the committee which was appointed to draw up the regulations—would receive it. Unfortunately the qualifications of the nurse were not defined, furthermore no one, including Miss Delano, could foresee that Red Cross Societies, as long as it was left to them to make the nominations, would place their own interpretation upon the term in the light of nursing conditions in the countries concerned. As a result it has unquestionably been conferred upon women who were engaged in organization work "only" and who could hardly be regarded as graduate nurses, as we understand the term. Miss Delano evidently had in mind lay Red Cross workers, and not nurses, when she spoke of "women engaged in organization work."

Six medals were to be awarded annually, but inasmuch as no medals were given—because of the World War—until 1920, a larger number (50 in all) were available and the American Red Cross was privileged to nominate six.[2] Mary E. Gladwin's name had been suggested prior to the World War, because of her work in disasters.

In order to provide an endowment fund, each Red Cross Society was asked to contribute. The American Red Cross gave $500.00.

THE FLORENCE NIGHTINGALE MEDAL

As the medal is rather large, small replicas which can be worn conveniently are also presented to those honored.

Every two years the International Committee of the Red Cross at Geneva issues a notice to national societies to the effect that an award is to be made and gives the conditions. Those for 1929, last received, are as follows:

1. The candidate with a diploma should preferably be a Red Cross Nurse.
2. She must have served on the field of battle or in some public calamity.
3. She ought, as a rule, to be of the same nationality as that of the central committee presenting her.
4. With regard to nurses who have fallen in the field of honor (Decision of the Tenth Conference) the medal shall be awarded:
   In the first place to the one who died in active service during the war;
   And then to the one whose death took place in the course of active service in a case of epidemic or disaster.

[1] See History of American Red Cross Nursing, pages 124, 125.

[2] See page 39, Volume XXI, of the *American Journal of Nursing*.

Furthermore, in addition to details of birth, nationality, type of diploma and so forth, the kinds of service — military or civil, in war or in time of peace, and so forth, must be indicated in the curriculum vitae.

It will thus be seen that considerable latitude in selection of candidates is possible. The National Committee on American Red Cross Nursing has recommended a more definite statement on the question of eligibility.

The American Red Cross has followed the custom of securing names of eligible nurses from the National Committee on Red Cross Nursing Service. These are sent in turn to the International Committee at Geneva. When the medal is received it is forwarded by the Central Committee with a congratulatory note to the recipient. In smaller countries the Red Cross Societies arrange a public meeting, at which time the medal is awarded, sometimes with elaborate ceremonials.

The following American Red Cross Nurses have received the Nightingale Medal: Alma Foerster, Mary E. Gladwin, Florence M. Johnson, Linda K. Meirs, Martha M. Russell, Helen Scott Hay, Clara D. Noyes, Lucy Minnigerode, Alice Fitzgerald, Carrie M. Hall, and Julia C. Stimson.

The Growth and Development of Office Nursing[1]

FRANCES PEDERSEN, R.N.

IN years gone by a nurse who took up office nursing was considered, by some, to be lacking in nursing ideals and to have stepped out of the field of nursing. Today in the list of opportunities offered to the twentieth-century nurse we find office nursing one of the fields mentioned; even the annual questionnaire of the Red Cross nursing service contains the words, office nurse, to be underlined in case you are in that branch of nursing work. It no longer has to be written in as we have had to do in times past.

We are rapidly growing in numbers which speaks of our success from two angles: (1) we are satisfied with our work; and (2) with growing demands the busy physician has found us to be an asset in his work.

Another evidence that we have been a success and that we are here to stay is brought to mind by an article in the April number of the *American Journal of Nursing*. It tells of an interesting experiment being carried out by the Bellevue-Yorkville Health Demonstration in New York City and of which the Health Commissioner states: "Our observations indicate that the lack of a trained office nurse frequently makes it difficult, if indeed not impossible, to give adequate attention to this important field of medicine (preventive medicine)." The idea of the experiment is to help the physician in carrying out his work.

The nurse's duties are those of helping him to keep his case records, mailing diphtheria warnings and folders urging periodic medical examinations to parents, keeping the waiting room supplied with health leaflets, assisting in examinations and treatments, in short doing all that a private office nurse would be called upon to do. She is assigned to a physician either one half day or a full day a week, the

[1] Read at a Round Table at the Biennial Convention, Milwaukee, June 11, 1930.

physician arranging his office appointments so as to make the fullest use of her service on that day. This arrangement, however, would not fit in the average type of office work, for well we all know that no one can tell what a day will bring forth. It does, however, emphasize the value of nursing service in office practice.

To be successful in any field one must work honestly and ever try to achieve something greater than that which we already have. As nursing owes its greatness as a profession to the fact that its chief tenet is service, let us continue to improve this service. A physician values an intelligent nurse; he wants a nurse who not only can do routine work but also one who understands why she is performing a certain work.

In the growth and development of office nursing the pioneers in the field have found that the type of work has varied much more than in the other fields of nursing, and more was expected of an office nurse than of one in any other class; but anything done well is always worth while. The service must be suited to the one in whose employ she is and may vary from all kinds of professional duties to that of knowing that the automobile is in perfect running order, figuring out an income tax report, purchasing supplies or many other minor details of everyday life.

We find many classifications in our specialty; nurses who execute all nursing and business management with an assistant for reception room service, nurses who execute all nursing and business management without other help, nurses whose duties are purely professional, such as routine laboratory work, x-ray work, assisting in operations, doing dressings at hospitals where no internes are employed, making house calls where special treatment is needed, and the administration of anesthetics.

The latter service seems still to be a field not well accepted by some of our physicians. Not many months ago I was reading an article concerning anesthesia. In the discussion which followed, a certain well-known specialist in that field doubted the wisdom of the present tendency toward the employment of lay anesthetists and believed it not only contrary to the medical practice act and professional ethics but sure to result in the degeneration of the art of anesthesia. However, we have many capable and well-trained anesthetists within our profession. They have made good.

The office nurse whose professional duties have brought her into daily contact with hospital work and routine has been very fortunate. She has had an opportunity to observe the advancement made in those institutions due to the hospital standardization which has played such an important part in the last few years. This has been a great help in keeping her from becoming "dead timber."

I believe if more physicians would stop to consider in how many, many ways a nurse can render him valuable assistance and be a time saver to him, many more would make use of the service and not consider us a "luxury class" as we were thought to be in the pioneering days.

In order to promote the proper development of successful office nursing a capable, qualified office nurse must be an observant nurse, one who understands the ways and "whims" of the physician employing her, so trained that he need not always have to make his wants known (mind reading is valuable) because she will know what is needed next, and what to prepare for the work he is to perform. If it is to be an operation she should know all

necessary and "pet" instruments needed; she should be able to act in an emergency until he arrives; to have patients ready for examination and treatments so that his valuable time will not be lost. She must also remember at all times to be loyal and faithful and to use discretion. An unguarded word or act may cause a patient to lose confidence in the physician and also in the nurse herself. Be refined, courteous, quiet, and above all do not forget to be kind-hearted and sympathetic. Illness makes one abnormal and you will find many patients really frightened and extremely nervous at the thought of an examination or a treatment to be given. A kindly sympathetic word or touch often does wonders and many a time I have heard these words—"It helped me so much."

A study of the doctor's library in order to make yourself conversant with the advancements in the field of medicine and surgery, and asking him questions on subjects needing his explanation, looking up references and making abstracts on some particular subject in which he is interested, are also very helpful in advancing your position as a capable office nurse.

Since the establishment of modern nursing the nurse has always had a place of honor and trust in the community; if you have come from the private duty field you have had patients and families who have held you in esteem and affection. In this newer field of our profession you may still enjoy this confidence; you need not lose this contact; it may be even greater as you have an opportunity to meet a larger number.

We are all workers in life and we should at least do the best we can and thus derive pleasure and success from so doing. All professions are banded together in associations to maintain ideals and keep in touch with the advancements made in their line. Living as we do in scattered communities we may lose sight of the work we are endeavoring to do unless we plan to study and be interested in each other's problems.

In conclusion may I say that I trust my thoughts are an echo of yours; they are that we should put into action our better impulses, strive to keep in touch with each other and with the advancements in our particular field, develop it and build up a worth-while section in this great association of ours. It is not a one-person task; it rests with us all.

The Public Health Nurse for September

Official Magazine of the National Organization for Public Health Nursing

(May be had in combination with the *Journal*)

School Health, Charles H. Keene, M.D.
Mental Health, E. P. Lewis, M.D.
Responsibility of the Nurse in School and Outside of School, Helen F. McCaffrey, R.N., and Anna L. Stanley, R.N.
Health Counsellor in High School, Charlotte M. Simon, R.N.
Relation of Board to Staff, Mrs. V. Gammell Cross.
Posters and Their Making, Agnes Smith.
Physical Safety for School Children, Marian Telford.
Use of Tongue Depressors in Class Inspections, Mary B. Millman, R.N.
The Nurse in High School, Allen G. Ireland.
School Nursing Bibliography.
Office of the Nurse in a Small Service, Mrs. Charlotte M. Heilman, R.N.
Health Room in Public School 80, Selina A. Weigel, R.N.

Chameleon Aspects of Discipline

ESTHER L. RICHARDS, M.D.

THE best dictionaries define the word disciple as "one who receives the teaching of another," and as "a follower." The same sources of authority define discipline as "subjection to control," "military regulation," "chastisement," "an instrument of punishment." As synonyms of discipline they give "order, strictness, coercion, punishment, organization." That the word discipline is so far removed from its original usage as the activity of a disciple is a sad commentary on the fact that teaching and learning have so long been associated with force and punishment. Discipline is ordinarily construed as the antithesis of freedom. Yet a disciple is an individual who follows a leader or a formulated system of belief not because he is forced to do so, but because the ideal appeals to him as a form of guidance and direction under which he chooses to grow and develop. I suppose one cannot better illustrate the gradual creation of this great discrepancy between the usage of these two words than by looking at the difference between the beginnings of one of the great religions of the world, and what so-called progressive civilization has converted these beginnings into. For example, from the Twelve Disciples, starting out with a few simple exhortations to preach the Gospel to all the world according to the principles of peace and good will towards men, we have developed tremendous organizations with elaborate financial backing and terrifying political power, built out of man's ingenious facility in producing creed and dogma accompanied by prohibitions and punishments and the wanton shedding of blood. As a result religion has declined from the art of following to "an instrument of punishment" for failure to keep denominational and sectarian rules and regulations. Today, after some 1900 years of wrangling over sets of discipline, we are beginning to think a bit in the simple terms used by our Original Leader.

Education has the same historical record, but has moved more rapidly in its evolution. In the days of our parents and grandparents the aim of education was to make children and adolescents fit programs of district school and preparatory school and college regardless of whether the student wanted to take such work, or even whether he was mentally and physically able to do so. Today education is trying not so much to make the growing human fit a course of study as to find out what the organism is fitted for. District school has given place to graded school; vocational school, trade school, commercial course are expanding educational opportunities for adolescents; and colleges, universities, and graduate schools in their elective systems are trying more effectively to prepare individuals for life rather than for professions. In other words, the trend of our times is toward making us thoughtful rather than traditional in our thinking. Under the influence of the scientific method of approach by virtue of which theory is tested through the observation of facts, man's authority has shifted from external to internal. He has come to feel that he is his own authority for guiding and managing his life.

Now this evolution in our individual and social attitudes is a sign of wholesome growth and development, provided that we go about establishing a

sound basis for the management of this internal authority. Such a basis is dependent upon a very clear understanding of what constitutes a balance between expressing instincts, emotions, impulses, and so on, and controlling the same. Psychology has proved beyond the peradventure of a doubt that it is impossible to expect, with the Greeks, that reason will govern instincts and appetites. Human nature has never worked that way, and never will. To train a person to distinguish intellectually between a course of action that is for his good and the welfare of his fellows, and a course of action that will work otherwise is of little value unless you equip him from earliest childhood with habits of making right choices. No accumulation of arguments, however reasonable and sound, can compete with habit formation in the simple matter of managing one's temper or controlling a physical craving. Modern science, in showing us the great disproportion between reason and emotion as motivators of conduct, has left many of us puzzled about the relative amount of freedom and discipline that is good for our well-being. It is popularly understood that psychology and psychiatry teach that repressing instincts, appetites and emotions may destroy genius, deaden initiative and even produce nervous breakdowns and full-fledged mental disorders. There is no good scientific authority for any such idea. Repression is a normal psychological mechanism, but like everything else it may be mismanaged with resulting harm to individual and society. For example, a man of forty comes with the history of five years of general nervousness as expressed in poor sleep and appetite, loss of weight, weak and trembling spells, headache, feelings of pressure and constriction in the chest, unassociated with any abnormal physical findings. It is discovered that coincident with the onset of his present illness, he began to carry on an affair with his neighbor's wife. He himself is married, and has three children. Health for him lies in choosing between a continuation of his clandestine affair and repressing his desire for his neighbor's wife. In the illness of this man we see the results of mismanaged emotions and instincts. In simple words he is torn between following standards that society sets up to safeguard the welfare of the group, and following the dictates of his instincts. He lacks a balance between controlling self and expressing self. His argument is that expressing self is freedom, and controlling self, slavery.

Yet freedom is not chaos. True freedom involves the ability to make choices, not a slavery that compels one to follow the dictates of an instinct or an appetite. The distortion of discipline from the art of following to "an instrument of punishment," has been brought about through man's distrust of his natural faculties, and his preference for locating reliable faith outside of himself in tradition, custom, systems of philosophy, and religion. If now we decide to be our own source of authority we must be willing to take time and patience to train ourselves in acquiring a reasonable balance between expressing self and controlling self. The art of following, or discipline, embodies the achievement of such a working balance in the management of one's life. In short, it is as true now as it ever was that one cannot eat his cake and have it too. Modern science in its training of childhood in nursery school, kindergarten, and elementary grades emphasizes the necessity of parents and teachers helping a child to make right choices.

There is a great difference between making choices for child and adolescent, and teaching him how to make his own. Parental and educational attitudes of the past tended to make choices for the growing organism, and forced him to follow these choices. Modern parent-teacher methods aim to start childhood early in the principles of subordinating individual urges to the desires and rights of the group, working out these matters in the concrete programs of nursery school and progressive educational classroom work. This training under guidance and direction in a wholesome preparation for life has its application throughout the entire field of education.

Nowhere is this difference between old and new methods of training capable of being better illustrated than in our training schools for nurses. Since Bellevue Hospital instituted its first training school for nurses in the Seventies, there has been a gradual tendency to expand programs of instruction to a more general cultural basis, so that they are less circumscribed in content, and less rigid in their actual working. This trend of progress has been fought conscientiously by certain members of the medical profession who felt that broadening of a training school curriculum would somehow make the graduate nurse less efficient. To the old guard of our profession the rigidities of early nursing were a necessary discipline, which, like a form of penance, were considered essential to the development of idealism. That view is slowly passing, and today every progressive physician wants a thoroughly trained nurse, and for her he goes to a recognized training school. Universities are encouraging nursing to take its place among other professions, offering opportunities for the hospital student to correlate her practical work with the field of education so closely allied to the science of health. It is a theme to be developed and worked upon, but in the course of its constructive progress there are several issues from the standpoint of the nurse herself that cannot be overlooked.

First: These new opportunities imply certain requisites in the nurse herself. "To whom much is given, of him shall much also be required." There are some people who definitely prefer to be backed into the shafts of the strict rules and regulations of an external authority which outlines their daily routine and relieves them of the responsibility of making decisions. Individuals so constituted have their place in life, and should not be forced to thrive on independence. A nurse with such a temperamental equipment should take her training in an institution built along the old lines of structure. Most of us, however, prefer to be independent, to own ourselves, so to speak. We resent authority and dictation. We want to think things out for ourselves and to feel we are the captains of our fate. This attitude is wholesome, provided that we are willing to take time to train ourselves properly to take on this independence. We are too apt to resent external interference because it is external, and not because we have a better plan of our own making to substitute. We yearn to attain positions of power and management, and yet rebel against the abstinence necessary to the manufacture of executive ability. No one can be a good executive who has not gone through the apprenticeship of coöperative subordination for a period of years. We learn from actual experiencing, and no accumulation of theoretical knowledge can take the place of this long and tedious process of self-education.

Second: The years of training in home and school are invaluable precursors of adaptation to any professional sphere. Every year in our own Johns Hopkins Hospital Training School for Nurses, there arise problems of discipline. Superficially, they have to do with students resenting criticism incurred for disregard of certain hospital regulations dealing with the care of the sick. The student argues that these regulations are an infringement on her personal rights as an individual. For example, here are a few concrete instances. Orders were left that Miss A should be lifted from bed to chair the first day she was allowed to sit up. The pupil nurse felt that the patient was able to take the few steps necessary in transit and made the patient take them. She fell on the floor. Now this patient was recovering from sleeping sickness and had a transient paralysis of the left side. The doctors did not want her to know that she was paralyzed and hence the order. The pupil nurse argued that she should have been told the reason, and then the order would have seemed reasonable enough for her to execute.

Again, another pupil nurse removed a nasal plug several hours after the patient returned from the operating room. The doctor had left no order for it. When criticised by a supervisor for doing so, the nurse argued that with most of the doctors such a procedure was routine, that she thought this interne had forgotten to give the order, that the patient was very uncomfortable and, as a matter of fact, no serious consequences had followed her removal of the plug. She resented the fact that she was embarking on a profession that left no room for the exercise of her own judgment.

Another pupil nurse resented having to hand in a personality study required of her class as part of their contribution to a course in psychology given prior to beginning senior work in psychopathology. She argued that she had taught school for five years prior to entering training, that she had had a course in psychology in state normal school, that she was thirty years old, and felt that age entitled her to use her discretion in fulfilling an assignment in "graduate school."

In these three students we have an attitude indicative of profound lack of self-training. Freedom to them meant release from external authority, not ability to conform to the group requirements made supposedly for the welfare of sick people. The prime object of their concern all through life had been consideration for themselves, and why should they begin to alter this view in training school? It is the same attitude one finds in students graduating from law school who enter a firm and resent having to look up titles and do other office routine which they consider a waste of their time. Their theoretical background, they argue, entitles them to enter at once upon the interesting and dramatic aspects of the practice of law. Behind all this is the desire to escape the slavery of routine, and the fallacious belief that at the top of the ladder lies freedom. The freedom of business, professional, and social success consists in the attainment of that degree of self-training which enables a man or a woman to convert its swords of routine and drudgery into the ploughshares and pruning hooks of opportunity to make a job well done.

Our training schools for nurses are passing through a critical period in their history when they must demonstrate that new methods of education will produce women better able to care for the sick. In our background

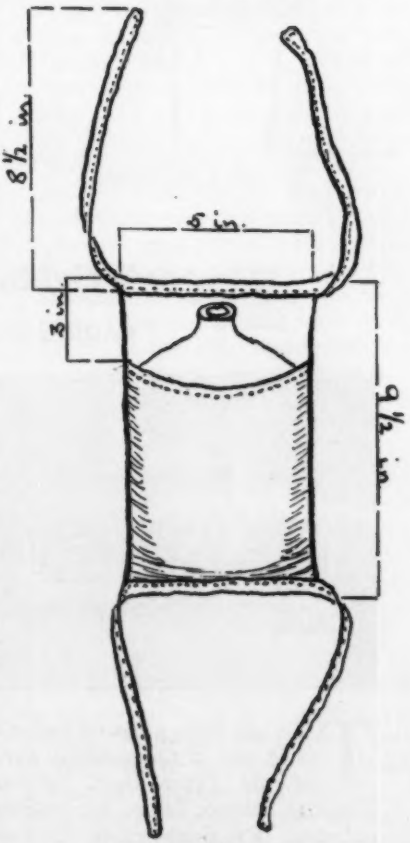
is a continuity of professional forbears who, under the rigors of former methods of training, developed not only technic but degrees of altruistic idealism that have written remarkable chapters in the history of human service. Each generation must undergo educational and spiritual baptism in its own tongue, but the language of human needs remains the same. It cries out for individual independence, but an independence which must ever function in accord with the welfare of the group. Nurse and doctor are members of professions in which they elect to follow ideals of service that demand a maximum amount of self-training to achieve balance between expressing self and controlling self. We call this training discipline. Without its beneficent influence on our habit life the accumulation of academic knowledge is empty and meaningless.

Urinary Drainage Bottle for Ambulatory Patients

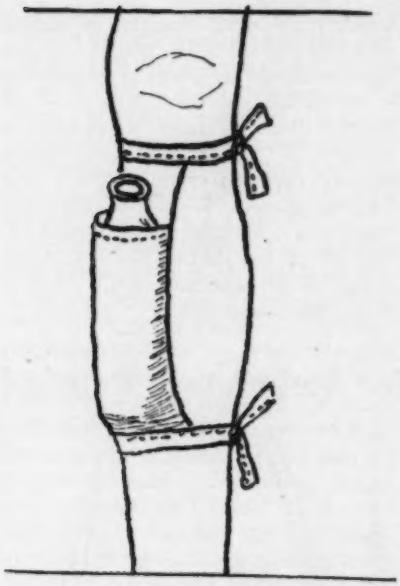
THE nurse taking care of patients who have had prostatectomy or other operations involving supra-pubic cystotomy encounters a number of special nursing problems. So long as her patient remains a bed patient urinary drainage scarcely presents a difficulty. But when these men are up and about for days or weeks before the retention catheter can be removed, considerable ingenuity is required to devise means whereby the patient may enjoy a fair degree of activity and freedom from embarrassment while at the same time urinary drainage is not interfered with.

A nurse at the Presbyterian Hospital, Chicago, experimenting a little, invented the "flask pocket" shown at the right. The back is made of two thicknesses of muslin 9½ by 5 inches. The pocket is a single thickness of muslin 6½ by 5½ inches. The ¾ inch binding at top and bottom is of muslin and is extended 8½ inches beyond the edges of the pocket to make ties. A half-pint flask fits into the pocket and receives the drainage from the retention catheter.

When in use the flask pocket is tied just below the knee, in such a way that the flask is against the inner aspect of the leg. The end of the



FLASK AND POCKET



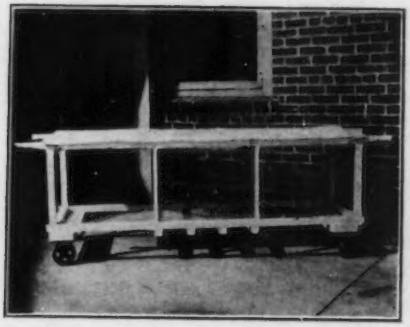
THE FLASK IN POSITION

catheter will usually reach well within the flask, and with the flask in the position described there is little danger that the catheter will kink or be bent as the patient bends his knee in walking or sitting. This is of great importance since drainage is seriously interfered with when the catheter becomes kinked.

A flask is used because it is flat enough not to interfere with the patient's walking or to be particularly noticeable through his trouser leg. He can, in fact, go about dressed in his accustomed clothing, which is very good for his morale, and he is spared the embarrassment of having the drainage bottle always visible. One patient by using a slightly larger flask was able to go to the theatre safely. The flasks are sterilized and the pockets changed daily.

A Weighing Stretcher

CARRIE M. HALL, R.N.



THE stretcher pictured herewith is in use in the medical wards of the Peter Bent Brigham Hospital, Boston, Mass., for weighing patients. On these wards there are very heavy scales with stationary platforms, since our chief physician believes that when scales on wheels are moved from bed to bed they quickly become inaccurate. The patient is wheeled to the scales on this stretcher, and when it is placed over the platform of the scales it is lifted just off the floor. The known weight of the stretcher is deducted from the weight of the stretcher and the patient.

The stretcher was made in the hospital shop, as follows:

Frame made of 2″ x 2″ spruce, 72″ long, 28″ high, 22″ wide; top rails extending 6″ at each end for handles. Two stationary and two swivel plate casters with 5″ rubber tired wheels.

On Setting Our House in Order

ONCE upon a time a small girl was learning to knit and as she worked happily on toward the lovely red stripe in which the scarf ended, she suddenly saw that the ball of yarn had gotten very small. "Oh," said she, "I must work very fast so as to finish before my yarn gives out!"

She wasn't very old you see and had not learned that a scarf of certain length and width requires a definitely prescribed quantity of yarn; and also that no amount of extra speed will make less than enough material stretch farther than it was intended to go. The story doesn't say, but no doubt her mother, who was teaching her, had reserves of wool tucked away in a bag somewhere. We are sure that she knew just how much her small daughter would require.

The point is that back in the early days of the campaign for funds for grading schools of nursing the Nurses' Committee for Financing the Grading Plan estimated that $110,000 would be needed for carrying on the five-year program and, as a result of the appeals which were sent out to some seventy thousand nurses and to sixteen hundred nursing organizations, by August 5, 1930, $90,863.53 had been given or pledged for the purpose. This really is an enormous sum of money. It is a very great credit to the nurses who individually and in groups denied themselves that the work might go on. But even if the Grading Committee increased the speed of its operations ten-fold it could not quite accomplish, with $90,863.53, work which was planned for $110,000. When $90,000 is compared with $110,000 (Fig. 1) it is seen that about $20,000 more must be found if the Grading Committee is to continue to the end of its program in December, 1931, fifteen months away.

Now is the time when we must look

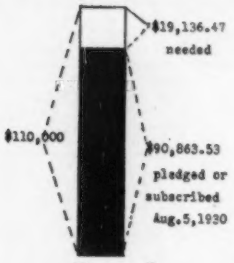


FIGURE I

to our reserve supplies. Many of the states have done nobly with their quotas. In certain outstanding cases quotas have been oversubscribed. Other states have only a very small amount left to raise to meet their quotas. A few states—about one-third of them—still have more than 50% of their quotas to subscribe.

At the Milwaukee Biennial one of the most impressive meetings was that at which delegates from some of these states rose unhesitatingly and pledged their associations to complete their quotas. The enthusiasm with which they made the pledges showed the confidence which each had in her constituency. Don't let us break faith with those delegates!

Table I shows the amount given by each state and the sources of the gifts. Table II shows the quota for each state, how much that state has given, and how much remains to be subscribed. Figure 2 on page 1162 shows the standing of your state as compared with all the others.

The benefits resulting from the work of the Grading Committee will be shared not only by all schools of nursing, but by all nurses as well, both as alumnae of a school of nursing and as private duty, public health, or institutional nurses. For instance, one of the early findings of the Grading Committee was the fact that there is

TABLE I—NURSES' COMMITTEE FOR FINANCING GRADING PLAN

CASH CONTRIBUTIONS AND PLEDGES FROM INDIVIDUAL NURSES AND NURSING ORGANIZATIONS BY STATES TO AUGUST 5, 1930

States	1929 Membership State Nurses' Assns.	Individual Nurses	State Nurses' Assns. No.	State Nurses' Assns. Con. & Pldg.	Dist. Assns. No.	Dist. Assns. Con. & Pldg.	Alumnae Assns. No.	Alumnae Assns. Con. & Pldg.	State Leagues No.	State Leagues Con. & Pldg.	Local Leagues No.	Local Leagues Con. & Pldg.	State Public Health Nurs. Assns. No.	State Public Health Nurs. Assns. Con. & Pldg.	Visiting Nurse Assns. No.	Visiting Nurse Assns. Con. & Pldg.	Misc. Assns.	Totals
*Alabama	613	$48.00	1	$471.81	3	$101.50	4	$205.00										$826.31
Arizona	200	13.00			1	10.00												23.00
*Arkansas	490	59.00	1	524.95	3	40.00							1	$5.00				628.95
*California	5,964	458.40	1	6,254.72	15	544.00	17	845.00	1	$175.00			1	25.00				8,302.12
Colorado	695	107.10	1	50.00			6	325.00	1	50.00	1	$5.00						537.10
Connecticut	1,722	168.00	1	50.00			10	255.00									Student Gov. Assn. $5.00	478.00
*Delaware	227	17.00	1	168.86			1	50.00										235.86
*District of Columbia	815	111.00	1	823.22			3	345.00	1	50.00								1,329.22
Florida	827	50.00	1	35.00	2	75.00	1	10.00										170.00
Georgia	1,077	74.00	1	250.00	6	479.00	14	315.50	1	25.00								1,143.50
Idaho	100	12.00	1	25.00														37.00
*Illinois	5,476	513.50	1	3,389.17	10	179.00	25	2,900.00	1	1,050.00								8,031.67
*Indiana	1,534	82.00	1	1,373.14	2	225.00	6	222.00	1	100.00								2,002.14
*Iowa	1,785	116.00	1	1,260.00	11	630.00	28	620.00	1	60.00								2,686.00
Kansas	745	49.00	1	175.00	5	450.00	4	60.00	1	75.00								809.00
Kentucky	629	51.00					2	50.00	1	50.00			1	10.00				161.00
Louisiana	1,092	81.10	1	500.00	6	504.00	6	235.00	1	50.00								1,370.10
Maine	475	58.00			1	50.00	3	50.00										158.00
Maryland	1,742	135.50	1	1,018.25			5	435.00					1	25.00				1,613.75
*Massachusetts	4,207	697.60	1	2,721.10	9	245.00	44	2,802.00	1	400.00								6,865.70
*Michigan	4,058	241.50	1	3,124.19	9	555.00	10	445.00	1	125.00								4,490.69
*Minnesota	2,515	196.70	1	1,785.32	3	850.00	22	942.10	1	125.00			1	50.00				3,949.12
*Mississippi	202	21.00	1	334.36														355.36
Missouri	2,648	147.00	1	625.00	5	260.00	4	94.00	1	100.00	2	100.00						1,326.00
Montana	249	33.00			5	100.00												133.00
Nebraska	757	111.10	1	375.00	3	358.00	3	25.00	1	76.00	1	30.00						975.10
Nevada	30	3.00																3.00
*New Hampshire	462	43.00	1	491.51			4	85.00										619.51
New Jersey	2,243	212.00	1	1,516.00	4	400.00	11	460.00	1	100.00								2,688.00
New Mexico	51	10.00	1	75.00														85.00
New York	10,438	1,314.50	1	2,500.00	13	3,901.05	42	5,094.50	1	530.00	2	360.00					1 $10.00	13,710.05
*North Carolina	869	86.00	1	711.12	7	300.00	4	140.00	1	50.00								1,287.12
North Dakota	238	18.00	1	97.00					1	50.00								165.00
Ohio	4,766	337.00	1	1,622.20	7	553.50	21	748.00									3 25.00	3,285.70
Oklahoma	524	47.00	1	100.00	1	25.00			1	75.00								247.00
Oregon	296	44.20	1	325.00	3	70.00	2	42.00	1	50.00			1	25.00				556.20
Pennsylvania	8,359	817.60	1	4,954.90	5	873.50	44	1,924.81	1	300.00	1	50.00						8,920.81
*Rhode Island	642	78.00	1	500.00			7	490.00	1	300.00			1	125.00				1,493.00
South Carolina	440	37.00			5	100.00												137.00
South Dakota	154	20.00			1	25.00	1	5.00										50.00
*Tennessee	924	37.00	1	800.00	3	315.00	2	125.00										1,277.00
*Texas	2,338	123.05	1	2,739.36	6	155.00	3	55.00	1	75.00								3,147.41
*Utah	260	23.10	1	234.80			2	55.00										312.90
Vermont	258	31.00	1	137.00			1	5.00										173.00
Virginia	990	99.00					4	120.00									Va. State Exam. Bd. $500.00	719.00
Washington	1,185	107.00	1	125.00	9	334.00	3	85.00	1	20.00								671.00
West Virginia	376	41.00	1	125.00			1	10.00										176.00
*Wisconsin	1,478	172.00			13	935.00	14	932.00	1	80.00	1	145.00	1	10.00				2,274.00
*Wyoming	84	12.00	1	29.04	1	25.00												66.04
Midwest Division																	100.00	100.00
Unknown		.10															5.00	5.10
Foreign		57.00																57.00
Grand totals	78,249	$7,421.05	40	$42,417.02	177	$13,667.55	384	$21,606.91	26	$4,141.00	8	$690.00	8	$275.00	4	$35.00	4 $610.00	**$90,863.53

* States which have pledged their quotas in full.

** Total cash receipts to August 5, 1930 ..... $66,957.59
Outstanding in Pledges 23,905.94
$90,863.53

TABLE II—HOW STATES HAVE MET THEIR QUOTAS FOR FINANCING THE GRADING PLAN TO AUGUST 5, 1930

States	Quota of $110,000 on Basis of 1928 A. N. A. membership	Total Cash Receipts and Pledges to August 5, 1930	Remaining to be Pledged or Paid
*Alabama	$756.31	$826.31	.....
Arizona	218.56	23.00	$195.56
*Arkansas	628.95	628.95	.....
*California	8,302.12	8,302.12	.....
Colorado	1,069.21	537.10	532.11
Connecticut	2,924.61	478.00	2,446.61
*Delaware	235.86	235.86	.....
*District of Columbia	1,319.22	1,329.22	.....
Florida	1,402.56	170.00	1,232.56
Georgia	1,234.31	1,143.50	90.81
Idaho	132.08	37.00	95.08
*Illinois	7,542.67	8,031.67	.....
*Indiana	1,926.16	2,002.14	.....
*Iowa	2,526.80	2,686.00	.....
Kansas	1,171.42	809.00	362.42
Kentucky	877.38	161.00	716.38
Louisiana	1,592.81	1,370.10	222.71
Maine	757.88	158.00	599.88
Maryland	2,481.20	1,613.75	867.45
*Massachusetts	6,380 69	6,865.70	.....
*Michigan	4,490 69	4,490.69	.....
*Minnesota	3,789.42	3,949.12	.....
*Mississippi	355.36	355.36	.....
Missouri	3,129.02	1,326.00	1,803.02
Montana	268.88	133.00	135.88
Nebraska	1,256.33	975.10	281.23
Nevada	47.17	3.00	44.17
*New Hampshire	619.51	619.51	.....
New Jersey	3,188.77	2,688.00	500.77
New Mexico	114.78	85.00	29.78
New York	15,354.21	13,710.05	1,644.16
*North Carolina	1,220.16	1,287.12	.....
North Dakota	290.89	165.00	125.89
Ohio	6,715.60	3,285.70	3,429.90
Oklahoma	696.56	247.00	449.56
Oregon	1,036.19	556.20	479.99
Pennsylvania	11,750.34	8,920.81	2,829.53
*Rhode Island	1,034.62	1,493.00	.....
South Carolina	451.27	137.00	314.27
South Dakota	224.85	50.00	174.85
*Tennessee	1,265.76	1,277.00	.....
*Texas	3,061 41	3,147.41	.....
*Utah	312.90	312.90	.....
Vermont	402.53	173.00	229.53
Virginia	1,116.38	719.00	397.38
Washington	1,789.36	671.00	1,118.36
West Virginia	636.81	176.00	460.81
*Wisconsin	1,833.39	2,274.00	.....
*Wyoming	66.04	66.04	.....

* States which have pledged their quotas in full

an overproduction of nurses. As a result of these findings we are beginning to hear that certain schools are reducing the numbers of students admitted each year; that other schools, realizing how little they have to offer educationally, have been discontinued; that still others are adding to their graduate nurse staffs, improving class room and ward teaching, and reducing the hours of duty for students.

And the benefits? Well, reducing the number of students admitted will ultimately reduce the number of graduate nurses, which will in turn reduce the tremendous competition now threatening the bank accounts of a good many private duty nurses. Furthermore, hospital patients have to be nursed, whether school keeps or not, and closing a school or reducing the number of students means opening up another field of nursing and the employment of more graduate nurses for general duty. Again, reducing the number of students means their more careful selection so that in time the highly qualified nurse in any field

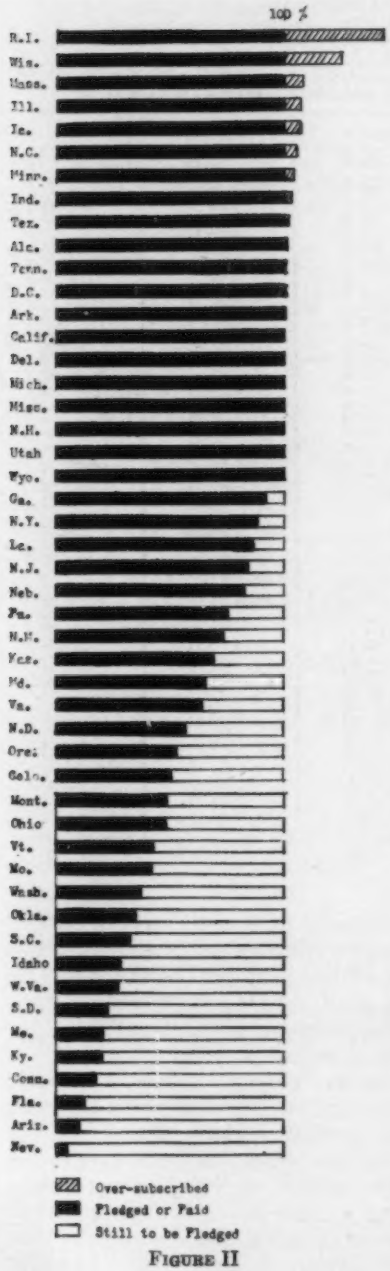


FIGURE II

will not have to compete so unfairly with the poorly prepared nurse.

Already the first sets of the grading reports have been received by schools of nursing. Directors of nursing, superintendents of hospitals, and hospital trustees are commenting:

"It was a stupendous undertaking but I believe it will redound to the betterment of our nursing system."

"I think the grading is a splendid step and feel that it will have a stimulating effect on the entire profession as well as aid in the relief of unemployment and better distribution."

After all, grading is a job which the nursing profession as a whole has undertaken for its own improvement. Belonging to any profession is a luxury like owning a house with a little yard around it. We have to keep up repairs on the house,—a new roof once in a while, painting every two years, get down on our knees to weed the garden or plant a few more bulbs. Perhaps some of us are getting older, won't live to wear out the new roof; may not see the silvery Madonna lilies and blue delphiniums in the dusk of a July evening. But if we have kept the place decently in order at least the new generation won't have to start out handicapped by a leaky roof and a garden full of quack grass and cut-worms.

Grading is one of the ways the nursing profession has chosen to set its house in order. Of course it costs money; all repairs do. Alumnae, district, and state associations are beginning to make their fall and winter programs now. Why not make the financing of grading the aim of one of the early meetings, so that by December of this year we shall have raised that other $20,000 which is needed to ensure the completion of the Grading Committee's program?

Some Specialists

Agatha C. Hodgins, R.N.

IT sometimes seems that the age of the pioneer is past; but Agatha C. Hodgins has not only been a pioneer in the difficult and scientifically exacting field of anesthesia, she has also developed a new field for the graduate nurse who is willing to prepare herself for it.

A graduate of the Boston City Hospital and Boston Lying-in Hospital, Miss Hodgins was placed in charge of anesthesia on Dr. Crile's private ward service at Lakeside Hospital, Cleveland, Ohio, in 1909; later, when Dr. Crile became chief surgeon of that hospital, her work was extended to include all anesthesia service in the hospital. Lakeside was the first hospital in the world to perfect a plant to manufacture pure nitrous oxide gas, and its surgical clinic was among the first to demonstrate not only the fact that gas anesthesia could be given without cyanosis, but that the technic of administration could be so developed as to make possible and practical zones of anesthesia ranging from analgesia to deeper anesthesia. This absorbing work offered to Miss Hodgins full scope for the exercise of her ability as a skillful anesthetist, and was the background for the later development of her work as a teacher and a leader of unusual courage, individuality, and force, with undaunted faith in the ability of the educated nurse to meet the grave responsibility of this highly exacting and specialized field.

AGATHA C. HODGINS, R.N.

As early as 1912 a few nurses were admitted for instruction in gas anesthesia, and from this small beginning sprang the present Postgraduate School of Anesthesia. The war, coming early in 1914, interrupted plans for the future development of the school, since the first surgical unit for service in France, known as the Western Reserve University Unit, was organized and sailed for France in December of that year, Miss Hodgins accompanying it as chief anesthetist. This unit, delegated to service in the American Ambulance at Neuilly, France, was the first to introduce the use of nitrous-oxide anesthesia for war

surgery. Miss Hodgins, remaining on as anesthetist to the French Surgical Service, had the opportunity of demonstrating to an entirely new group the use of gas anesthesia as a protection against shock, and its particular usefulness in the case of gassed men, to whom the inhalation of ether was intolerably difficult.

Returning to America in 1915, Miss Hodgins found that the work of standardizing the postgraduate School of Anesthesia, putting it on a definite educational basis and outlining a course of study, an exacting and absorbing task. This was the first postgraduate school organized on this basis. Miss Hodgins, appointed director of the school, retained charge of the department of anesthesia.

America entered the war in 1917, and Lakeside Hospital Unit left for France in that same year. Nitrous-oxide anesthesia having been accepted by the United States Army for use abroad, it was imperative to train a sufficient number of anesthetists for the work, and in addition to send over with the unit as many anesthetists as could be spared from the Lakeside staff. These facts necessitated Miss Hodgins remaining in charge of Lakeside. It has been a matter of great pride to her that it was the work of the graduates of Lakeside Postgraduate School of Anesthesia, attached to the unit, that later had much to do with the request (made through Major Crile) for a unit of twenty anesthetists to teach anesthesia in the English Army. The little school was beginning to show results. Another contribution to England came years later when a graduate of the school, first successfully introduced gas anesthesia in India at the Miraj Hospital.

At the end of June, 1930, the school had over 500 graduates who had come from all over the country and after graduation were filling, in many instances, most important positions. This extraordinary educational achievement in so comparatively short a time has been carried on in addition to the constant demands of the large and active surgical clinics of Lakeside Hospital of Western Reserve University.

At the special request of the editor, Miss Hodgins contributed a section on nitrous-oxide-oxygen anesthesia to the *Oxford Surgery*. Later she was asked by one of the leading publishing companies to consider compiling her notes on anesthesia, collected for teaching purposes, for publication in the form of a textbook. Lakeside Hospital has allowed her notes to be multigraphed for the exclusive use of students of the School of Anesthesia, whose hope it is that Miss Hodgins will eventually put them together into the form of a textbook.

An extract from the history of the school, written only for future reference, expresses, we think, Miss Hodgins own viewpoint:

> It is my own overwhelming conviction of the great importance of good anesthesia in the safeguarding of human life, not only in the protection from possible death but in the care and relief of the natural mental distress so often evident in patients having to undergo the ordeal of an operation—how lasting the damage created by fear is, we none of us know—it is this conviction that has kept me at the task of impressing by teaching and example these important truths upon the students for whose education in this work I have held myself primarily responsible. Frankly there are many avenues of endeavor that would have involved my life in less mental strain, less physical tire and more charm, but none that seemed to me so essentially vital and helpful to humanity.

Editorials

Miss Carr Retires

EVER a seeker of new experience, of new ideas, of new knowledge, retirement from active practice will permit Miss Carr to enjoy to the utmost the subtle flavor of the Old World which she knows so well and which she plans to revisit. One of the lovely hermit thrushes of the profession, Miss Carr has avoided the limelight of spectacular positions. Nurses who sat in her classes long years ago, before the then new field of public health nursing had set fire to her imagination, tell of the high quality of her teaching. The earlier literature of the profession gives eloquent testimony to the penetrating intelligence that sought and followed the new paths which are highways now.

Smilingly, with the gay chuckle that is an engaging characteristic, she would disavow ever "influencing" anybody and yet few have so successfully opened the doors of the spirit for younger women. Never ponderous, never preachy, with earnestness overlaid with delightful whimsy, she has urged those who sought her counsel—and they were many—to avoid the ruts and to seek romance in nursing.

Ranging far in her reading and thinking, she writes with a facile touch. Gifted with rare and cultivated discrimination, she not only made the *Public Health Nurse* a "quality" magazine, she encouraged a whole school of younger women to express themselves in word as well as action.

"This is *such* an interesting time in nursing," she wistfully says and follows up with "but some of you *must* become historically-minded and learn to respect and preserve the precious records of the profession."

Revealing, that! One senses that it has *all* been interesting. Happily, there is more to come, for Miss Carr has friends the world around who are biding their time till she shall come to see—and enjoy—their best achievements.

"What We Need Is Education—and a Committee"

TEN years ago, when National Headquarters was established, it was felt that a central office was needed for many things. Of first importance at that time was a nation-wide campaign for recruiting student nurses. The committee carefully and thoughtfully stated that the campaign should be "not only for the purpose of securing students, but for making better known the proper standards of nursing education and for enlisting the support of the public in maintaining them."

One third of that program was abundantly successful. Schools were filled with students. New schools were opened and they too were filled with students. As a result, one of the first studies of the Grading Committee showed that we had too many nurses who were not of professional quality and that they were causing an extremely serious problem of unemployment within the profession.

It requires no great acumen to understand this situation. Recruiting

went on apace because the pressing need of hospitals for nursing service was back of the campaign. Superintendents of nursing, in many instances, were and are much more sensitive to the immediate needs of the institution which they serve than to the professional import of their action when they admit students who may be safe under supervision, but who are dangerous or inadequate when graduated and "on their own."

The findings of the Grading Committee and the tragic clamor of the unemployed cannot be ignored. It is imperatively urgent that the second and the third objectives of that program be made an integral part of our professional thinking in order that a serious social and professional evil may be checked. Proper standards of nursing education cannot be maintained unless nurses are themselves informed as to those standards. Directors of schools of nursing and state boards of nurse examiners have a very serious responsibility in this matter. Standards vary widely in various parts of the country. Nurses suffer unnecessarily in moving from state to state because of legislative conflicts and also because of varying interpretations of educational standards. Why should this be when we have certain very generally accepted principles for guidance? It is many years since the National League of Nursing Education published the first *Standard Curriculum*, which it has revised at intervals. How many heads of schools of nursing are conscientiously using the principles clearly stated in the Introduction as a guide in building up their schools? How many are carefully interpreting those standards to training school committees, to boards of directors, to medical staffs, and to the public?

The third clause of that portion of the committee's report which we have quoted probably is more nearly a national problem than the one just cited. In our national magazine reminders of the importance of proper financial support for schools of nursing have been varied and frequent. Miss Nutting's classic, *A Sound Economic Basis for Schools of Nursing*, was put into book form and made available through the National League of Nursing Education office. *Nursing and Nursing Education in the United States*, Miss Goldmark's brilliant study made under the direction of the Winslow Committee through the generosity of the Rockefeller Foundation, contains a lucid analysis of nursing schools and nursing services. To be sure Miss Goodrich's brilliant crusading in the field of nursing education eventuated in the endowment of the Yale School of Nursing. Mrs. Bolton, wonderfully blessed with both riches and understanding, endowed the Western Reserve University School of Nursing. A few studies of costs have been made, a few sturdy efforts toward securing endowments have been launched, but in the main the public is still unaware of its responsibility.

Now comes Miss Goodrich's ringing challenge at Milwaukee — "What we need is education and a committee" — a committee in every community to study the whole nursing need of the community and the means of meeting that need. How shall this be accomplished? Nurses cannot do it alone, but it is very clear that it cannot be done at all unless nurses know their own profession well enough to act constructively when new ideas are presented. Nurses themselves need to be educated before they can educate the public.

Standards in nursing education are basic to all else. Now, at the beginning of the school year, is a good time to

read Miss Goodrich's challenging discussion of Dr. Burgess' paper on the Distribution of Nursing Service which we have called "A New Epoch in Nursing." It is a good time to re-read the Introduction to the *Standard Curriculum*. It is a good time to re-read *A Sound Economic Basis for Schools of Nursing*. It is a good time to re-read *Nursing and Nursing Education* in the United States. It is a good time to re-read the red book, *Nurses, Patients and Pocketbooks*. Armed with the ideas there presented, refreshed by the spirit of the great women who wrote them, strengthened by a better community understanding, we should be in a position to build so substantially in the next ten years as to overcome the disastrous handicap of faulty thinking that leads to the acceptance of poorly selected students for schools of nursing in order to meet an immediate need.

Constructive Criticism

IN Miss Melk's "Friendly Comparison" one notes the enthusiasm with which she adopted some of the ideas gathered in this country when she returned to her homeland. In her letter of transmittal, Miss Melk wrote of her great debt to hospitable American nurses and said that she was fulfilling an obligation by sending the article. She further said, "I do hope I have found the right tune for I should be so very sorry if anyone was grieved by what I have written."

There can be no offense at a friendly effort to advance the quality of nursing service and that is exactly what Miss Melk has attempted to do. What she could not see, since it was her first visit to our schools, is the steady and persistent effort being made to overcome the very difficulty of which she writes. Probably no one knows the number of graduate floor duty nurses now being employed in hospitals having schools of nursing, but certain it is that the number is rapidly increasing and a serious effort is being made to provide a substantial background of continuous care of patients.

BUT what is professional education? The answer is that professional education as conceived today is not an initiation or introduction into some esoteric order. The professional worker claims no mystic gift or mysterious skill that sets him apart from his fellows. What he has can be acquired by anyone with the requisite intellectual ability who will follow the orderly progression prescribed for learners in his profession. All that the novice needs in his preparation is already in the possession of some master, or can be found in print. It is the business of the professional school to help him on the way that the masters have trod, to give him as much of the masters' knowledge as he can learn in the time at his disposal, to imbue him with their ideals, to put him in the way of acquiring their skill, and, if possible, to make him self-reliant in coping with new conditions and self-directive in the advancement of his profession. In other words, the professional school is a short cut to an objective taken under guides who know where they are going and how to avoid the pitfalls that beset the path of the lone traveller.—From the Report of the Dean of Teachers College, June 30, 1927.

Our Contributors

Dr. Garnett Cheney (Harvard Medical School) is Clinical Instructor in Medicine at the Stanford University Medical School.

Verna E. Johnson, R.N., graduate of the University of Colorado School of Nursing, is Supervisor of the Medical Wards of the Stanford University Hospitals, San Francisco, California.

Frank and friendly, **Heleen A. Melk, R.N.,** is Instructor in the School of Nursing at the great Municipal Hospital, The Hague, Holland.

Dean Annie W. Goodrich, Yale School of Nursing, apostle of progress, in "A New Epoch in Nursing," shows a way to improve service.

Wilhelmina A. Carver, R.N., writes from first-hand knowledge. She is a well known industrial nurse, employed by the American Pulley Company of Philadelphia.

Although **Mary E. O'Neil, R.N.,** has had as three years of her work, a little school nursing and a little institutional work, she is really a private duty nurse who is cheerfully working toward a Bachelor of Arts degree and, we suspect, illumining the way of her patients as she studies.

Jean Broadhurst, Ph.D., is called friend by every nurse who ever studied Bacteriology at Teachers College, and is, in truth, by the quality of her teaching, a friend to the whole nursing profession and to our patients.

Many a teacher will welcome the practical article by **Carrie A. Benham, R.N., A.B.,** of the faculty of the Washington University School of Nursing, St. Louis, Mo.

Myrtle E. Rix, R.N., graduate of the Boston City Hospital School of Nursing, is Supervisor of Nurses in the Outpatient Department of that great hospital.

Nelle Smallwood, R.N. (City Hospital School of Nursing, Martinsburg, West Virginia) "is happier doing private duty than anything else, due to the opportunities for direct contact with patients." She has had prolonged courses in Communicable Disease Nursing and in Laboratory and X-ray Technic.

Clara D. Noyes' notes on the Florence Nightingale Medal were prepared at the request of some of our subscribers.

Frances Pedersen, R.N., as her suggestive paper indicates, wrote out of long experience in her chosen field of Office Nursing.

Esther L. Richards, M.D., Associate Professor of Psychiatry, Johns Hopkins University, with her generous understanding of the human mind, has helped to expand our thinking on the difficult subject of "Discipline."

Claribel A. Wheeler, R.N., is the exceedingly able Director of the Washington University School of Nursing, St. Louis, Mo.

Roy Sorenson is Regional Executive of the Boys' Work of the Y. M. C. A., Chicago. Probably few organizations are more expertly familiar with the "Conference Method" than the "Y."

WHEN you work you are a flute through whose heart the whispering of the hours turns to music.

Which of you would be a reed, dumb and silent, when all else sings together in unison?

Always you have been told that work is a curse and labour a misfortune. But I say to you that when you work you fulfill a part of earth's furthest dream, assigned to you when that dream was born, and in keeping yourself with labour, you are in truth loving life, and to love life through labour is to be intimate with life's inmost secret.

But if you in your pain call birth an affliction and the support of the flesh a curse written upon your brow, then I answer that naught but the sweat of your brow shall wash away that which is written.

You have been told also that life is darkness, and in your weariness you echo what was said by the weary, and I say that life is indeed darkness save when there is urge, and all urge is blind save when there is knowledge, and all knowledge is vain save when there is work, and all work is empty save when there is love; and when you work with love you bind yourself to yourself, and to one another, and to God.—From "The Prophet," by Kahlil Gibran.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R.N.

The Selection of Students for Schools of Nursing and Problems of Adjustment[1]

CLARIBEL A. WHEELER, R.N.

THE question of admission of students to our schools of nursing presents a problem which commands the attention of every thinking person responsible for the selection of such candidates. Secondary to this, and of almost equal importance, is the problem of assisting these students after entrance to adapt themselves to the unusual environment into which they have come.

The applicants must have had sufficient educational background and native intelligence to enable them to pursue the course to the greatest advantage; they must possess those innate personal qualities which shall render them adaptable and acceptable in their profession. In addition, they must be imbued with a steadfast purpose in entering the vocation of nursing.

I am convinced, from the statistics which have been made available to me from state boards of nurse examiners, and from some of our most representative schools, that the selection of candidates for the nursing course is not receiving the attention which it deserves. We are admitting to our schools hundreds of young women who are personally unqualified for nursing, many of whom never complete the course. The Grading Committee has pointed out to us the peril which now confronts us—that of oversupply. It has also given as the first answer to this question: more careful selection of applicants. Is it not more or less true that hospitals have brought so much pressure upon schools to supply them with an adequate number of students to care for the patients, that the heads of such schools have been compelled to take in nearly all those who have applied at their doors? The result of such a system is very wasteful and extravagant. E. Everett Cortright in his enlightening article in the May *Journal* recognized this when he said: "Nursing education costs somebody something." He was also right when he concluded that this "somebody" is the patient in the hospital.

Educational Background of Students

THE Grading Committee has made public the educational background of 63,000 students as found in our schools of nursing a year ago. This report is significant in several ways. It shows how many schools are just meeting the minimum legal requirement, and it demonstrates how short we have fallen from our ideal of a

[1] Read at a General Session of the National League of Nursing Education, Milwaukee, June 11, 1930.

four-year high school entrance requirement. A surprising fact is revealed when it is found that some of the states with a four-year high school requirement do not rank at the head of the list which has been compiled by the Grading Committee. On the other hand, some of those with a low requirement stand at the top. It is encouraging, however, to see how far some of our states have progressed, and we may be justly proud of their record.

Although I sent questionnaires to all the states, only ten could furnish me with the statistics which I desired. The study which I have made of these ten states shows that there has been a steady increase in the number of high school graduates entering schools of nursing. Since 1925, over a period of five years, there has been an increase of 155 per cent in the number of high school graduates entered. This is, without doubt, encouraging. Yet if schools of nursing are to attain the status of other educational institutions, obviously one of the first steps is to make the minimum entrance requirement at least a high school education in every registered school, and to live up to it once it is made.

In case we are able to effect a four-year entrance requirement in all states, in the near future, it will not solve the whole problem; there are high schools and high schools. There is considerable difference between a high school graduate who ranks in the upper third of her class in a city school and a graduate of the upper third of a second rate rural high school. A graduate of the latter may lack the power of concentration, and the ability to study intelligently. The students who have taken domestic science courses, or courses in commercial subjects do not come with the same background as those who have had the regular academic course. Such students do not have an equal chance with their more fortunate sisters. The school is also confronted with the problem of teaching these students how to study, and they often require extra help in class work. It is difficult for them to keep up with daily assignments; the result is they are usually dropped in the middle, or at the end of the first term. Such students may rank normal in an intelligence test. The trouble lies in faulty teaching and lack of application on the part of the student.

What Is the Cultural Background of Our Students?

A FACTOR which should be taken into consideration is the social class from which our students come. I have found no statistics in regard to such data concerning our schools of nursing. We often hear, however, that the strong wholesome country girl is the one who makes the best nurse. This is mere supposition. Here again, I do not believe we have sufficiently studied the matter. Intelligence tests given in the United States army in 1917 showed that there was a definite relationship between types of occupation and intelligence. Men in occupations classed as unskilled manual work were found to rate decidedly lower than those in the learned professions. The relationship between parental occupations and intelligence of offspring has been demonstrated in such experiments as those made with school children in Madison, Wisconsin, and in the survey in Northumberland, England. It was found that the I. Q. of children of professional men was much higher than the I. Q. of unskilled laborers. There was, nevertheless, some overlapping in each group. This fact should be taken into consideration in the study of a problem such as ours.

Intelligence Tests

PSYCHOLOGISTS are coming to believe that one of the most valuable instruments of guidance that has yet been devised is the mental test. Since the French psychologist, Alfred Binet, was able, in 1904, to separate intelligently incompetent children from those who were normal or above, great progress has been made in mental testing. It has been definitely proven that many students who enter high school do not possess the intelligence to do work of high school rank.

Two years ago, Marian Faber and Louise Metcalfe gave to the League the results of a study in mental testing in schools of nursing. Their conclusions showed that intelligence tests, properly administered, were invaluable in determining a student's native mental capacity, and were, therefore, useful in the selection of students and in determining whether poor scholarship is due to lack of intelligence, lack of application, or lack of interest. Not infrequently one discovers that students are doing work far below their mental capacity for such scope of effort. On the other hand, certain students by hard work and power of concentration do surprisingly well in relation to their capacity. Although the correlation between nursing practice and intelligence ratings is not satisfying, there seems to be a definite tendency to indicate that the better student in practice is the one who stands high in the scale of intelligence.

There seems to be an inclination among certain high school teachers and vocational guidance people to feel that the girls who are not particularly bright in high school, or the ones whom they would not recommend for college entrance, may do for the nursing course. This is an erroneous opinion, and most unfortunate. Without doubt, the fault is our own; we have not made the matter clear to high school officials. It would seem wise to establish a practice requiring students entering schools of nursing to possess the same degree of intelligence as those entering collegiate education.

There are other determinants of vocational choice besides intelligence tests which must be equally stressed, and which I shall mention later.

Students Who Resign or Are Dismissed

I HAVE made an endeavor to study the admission of students to our schools in relation to the number graduated. In order to do this, I have taken the ten states which are fairly typical, as they include all sections of the country, and represent states which have both large and small enrollments. In fact, some of the smaller states are keeping the best statistical records. In addition, I have studied sixteen representative schools. As the number of students admitted is not the same in each year, and I could secure only the number of those admitted and graduated, the figures give only a general picture; yet they seem sufficient to show what is happening.

The majority of students who drop out of the course do so in the first year, many of them during the preliminary term, although the process of elimination continues throughout the course. In the ten states studied, the number of students who had resigned or were dismissed varied from 21 per cent to 69 per cent with an average of 46 per cent. In the individual schools, there was a loss of from 12 per cent to 60 per cent with an average of 44 per cent.

	States Per Cent	*Schools* Per Cent
Graduates	54	56
Resigned and dropped	46	44
Of those resigned and dropped:		
Resigned	64	44
Dropped	36	56

In the Washington University School of Nursing, where we could definitely trace through each class from the time of entrance until graduation, the figures are as follows:

Students admitted (1923–27)	293
Graduated	178—60 per cent
Resigned	79—27 per cent
Dropped	36—13 per cent

The entrance requirement to this school is a four-year high school course acceptable for matriculation in the university. All individual schools studied had a high school entrance requirement, but this was not true of any of the states studied.

Reasons for resignation are varied. The most usual ones being dislike of the work, unfitness for the work, inability to carry theory, illness, marriage, homesickness, unfavorable home conditions, infringement of rules, undesirability, transfer, and death.

New York State, which has a large number of schools, and consequently a large number of students, has kept such excellent statistical records that I am able to give you the following analysis for the period 1924–28 inclusive:

REASONS FOR STUDENTS LEAVING SCHOOLS IN NEW YORK STATE 1924–28

	No. Students	*Percentage*
Went back to school	20	0.5
Went into other work	42	1
Death	47	1
Infringement of rules	93	2.5
Not desirable	149	3
Unable to carry theory	176	4
Personal reasons	231	5
Transferred	234	5
Misconduct	247	5
Not competent	347	7
Married	441	9
Dislike of work	482	9
Home conditions	485	10
Illness	867	17
Not fitted for work	1,040	21
Total	4,929	100

If we separate from this tabulation the number definitely not qualified, or those who possess undesirable qualities for the profession of nursing, we find that 38 per cent come under this heading:

THOSE WITH UNDESIRABLE QUALITIES

Not fitted for the work	1,040
Not competent	374
Misconduct	247
Not desirable	149
Infringement of rules	93
	1,903 or 38%

In another state, covering a period of three years, the number of undesirables proved to be 27 per cent. These figures lead to one definite conclusion; there is too great a waste in such a system. Ways and means should be found to ensure a better selection of applicants.

It is difficult to make comparisons between a school of nursing and other schools as conditions are so different. I was interested, nevertheless, to compare our own school with other professional schools in the university. In the School of Business and Public Administration about 65 per cent graduate, and in the School of Medicine about 67 per cent graduate. In the former the students are all juniors and seniors, while in the latter they are graduate students. The schools, therefore, which are most comparable to ours are the schools of Engineering and Architecture to which the students are admitted from high school. They graduate 87 per cent of the students admitted, while the School of Nursing graduates 60 per cent.

The Need for Some Means of Testing Character Traits

IF I were to pass around a questionnaire in this audience asking those present to give the causes of failure of graduate nurses whom they have known, I believe that the returns would show that the majority of such failures were not due to lack of theoretical or practical ability but to personality difficulties. It is, of course, a tragedy that anti-social or undesirable traits could not be discovered early in a student's course, and either corrected or continuance in the school discouraged. The need for some means of testing character traits of applicants is strongly felt by many.

A concrete illustration of the point that women may measure up in intelligence and still be unfitted for the profession of nursing comes to mind. Two young women with excellent educational preparation entered the school with which I am connected. One was a college graduate who had, for several years, been a teacher in a country school, the other was a young woman who lacked only a few units of credit for her A.B. degree. At the end of the first semester these students ranked at the head of their class in scholarship. Notwithstanding, they were both handicapped by personality difficulties. Much time was spent in conference with these women in trying to assist them to make the adjustment. However, greater contact with them in ward situations revealed that one was incapable of accepting suggestions from those in authority, that she was unkind, unsympathetic, and had an overbearing attitude toward her patients. The other student was utterly incapable of organizing her work: one patient would be well cared for while the others would suffer from neglect. It was necessary, after six months, to advise both students to seek other fields of work. Without question, we should have had either better knowledge of the character of these young women before they were admitted to the school, or we should have employed better means to help them make the adjustment after admission.

Edward K. Strong, Jr., Professor of Psychology at Stanford University, has done some work in this direction, in devising vocational tests which show a student's likes, dislikes, interest and lack of interest in certain things. These help to determine fitness for a certain kind of work. Theodore F. Lentz, Jr., Assistant Professor of Education at Washington University, in an article entitled "Character Research and Human Happiness" makes a plea for the financing of a scientific project in character research. May we not look forward to the time when the National League of Nursing Education may secure funds to undertake such a project? It is, perhaps, more needed in the vocation of nursing than in any other profession and offers a field of research presenting undreamed of possibilities.

Personal Contact with Students before Admission

IT would undoubtedly be a great advantage to establish some means of personal contact with students before admission to the school, either by an individual interview at the school or by a home visit. Some schools require the former, but there seems to be very little done in the way of visiting the prospective applicant in her home. This form of contact offers several advantages. Meeting a student in her home environment relieves her of any embarrassment or timidity, and it offers an opportunity to meet the parents and to discuss with them the question of the

daughter's future. Many prejudices on the part of parents may be overcome in this way. This also affords an opportunity to look into the financial status of the family, and to discuss with them the cost of such a course. Students are very much handicapped when they enter the school with such limited resources that they are unable to dress in the same manner as their associates, or to take part in the social activities of the school.

The employment of a field representative who can make such personal contact with applicants, and who can (at the same time) visit the high school and have a conference with the vocational director or dean of girls in regard to them, would be a desirable addition to any school faculty. It would, undoubtedly, save the school from admitting many undesirable students.

Problems of Adjustment

THE more careful a selection of students, the less difficult will be the problem of adjustment after entrance. Schools of nursing do present problems in adjustment which are different from those found in boarding schools or colleges. Hospital life is rather unusual in character, and is entirely new to young women entering our schools. A student must adapt herself to strange routines, to a system of hospital etiquette which often seems meaningless, to working with all kinds of people whether pleasant or disagreeable. Here many a girl, who has always been the object of affection and attention at home, finds herself a member of a large group where no one receives individual consideration. With the exception of a very short vacation period, the student must live the entire three years under the regulations of the school. This may prove extremely irksome to her, and she may chafe under the restrictions which it involves. Having had her own way in most things at home, it is difficult for a young woman with boundless initiative and enthusiasm to work under the direction of others, unless she receives very wise guidance and direction. To one who has never been away from home, the adjustment to dormitory life, with its many distractions, is difficult. If a girl is attractive and popular, her room may always be filled with visitors, who prevent her from studying. In her class work she in confronted with an amazing number of new subjects. She must keep up each day with her lessons or she soon finds herself behind. She has no sooner become accustomed to the routine of study than she is introduced to the hospital ward with its bewildering number of sick patients, doctors, nurses and medical students, and is expected to adjust herself to this environment in a very short time. Such an experience is a severe tax on the emotional equipment of any girl. Obviously, there has been nothing in her past experience to compare with it. It is imperative, therefore, that students have a guiding hand and an understanding heart during this period of their course. Undoubtedly, too much is expected of the young students who enter our schools. Many are too young to assume the responsibilities which are often thrust upon them. It would be an advantage both to the student and to the school if the age requirement for entrance could be placed at twenty years. Ordinarily, students come filled with zeal and enthusiasm for the work they are to undertake. We must see to it that this spirit is not dimmed or snuffed out entirely, as is sometimes the case. The answer to this problem is adequate, wise and painstaking supervision.

Vocational Guidance in High Schools

THIS discussion seems to bring us to the conclusion that there is need for better vocational guidance in high schools. Mr. Harry Kitson, Professor of Education, Teachers College, Columbia University, stresses in the May number of the *Record*, the importance of special preparation for those who are engaged in vocational guidance in secondary schools and colleges. Some large city systems have well organized bureaus of vocational guidance with a director and a staff of experts. Certainly all high schools should have a qualified person to advise the students. It is to such people as these that we must go, to make known our particular needs. Steps in this direction have been taken in several places, the most noteworthy being the work done recently in the State of Washington by the League of Nursing Education. In consultation with high school authorities they have worked out a suggested course which is to be used in high schools for pupils who wish to become nurses. The program includes four years of English, two years of Latin, two years of modern language, one year of medieval and modern history, one year of United States history and civics, one year of chemistry, one year of biology or physics, one year of algebra, one year of economics, and one year of geometry. This curriculum has been sent to every high school, and to every school of nursing in the state. When such a piece of work has been accomplished in all our states, we will have done much in the way of solving some of our admission problems.

Cost of Nursing Education

STUDENTS in other professional schools pay fees which at least partly meet the cost of their education. In some colleges, it is estimated that the students pay about one-half the cost of their education. It may be true that students in the school of nursing pay a higher tuition than many college students, but this is true of only those who complete the nursing course. They do pay their tuition in long hours of service to the hospital. Those students who are dropped at the end of the preliminary course or during the first year, do not in any way meet the cost of their education. They represent a great expense to the school, or to the hospital which supports it.

In the Washington University School of Nursing, the average daily cost per student for the year 1929 was $2.66, $915.04 per year and $2,745.12 for three years.

The cost of students in the preliminary course is much greater than that of the older students, owing to the fact that that part of the work is almost entirely theoretical, and includes all the courses in the basic sciences, which are costly because of the character of instruction given and the equipment used. Probably a conservative estimate would be $3.00 per day for such students. This would represent an expenditure of $360 for four months of the preliminary course. Where from 20 per cent to 25 per cent of a class is dropped at the end of this period, one finds that a surprisingly large sum of money has been expended.

The majority of our schools of nursing charge no fees for this period although a few have always done so. At the University of Wisconsin, students pay the same fees for the preliminary course as other students in the university, including room, board, and laundry. This would seem a wise solution to the problem in a university school and it would appear equally

just to require a good stiff tuition fee in hospital schools.

Conclusions

IF we are to secure fewer and better candidates for our schools of nursing, and wish to eliminate the waste in our present extravagant system of nursing education, we must begin to pay more attention to the social, economic, and intellectual backgrounds of our students. Those unfitted for the profession will have to be rejected through the use of intelligence and character tests. States must establish laws with a minimum entrance requirement of four years high school, and stick to this requirement. High schools, through their vocational guidance departments, must be informed as to our needs, so that they can intelligently advise young women who are thinking of entering our profession. Courses must be made available in high schools which will ensure a better background for the nursing course. Students must meet a part of the cost of their education, especially for the preliminary course, by the payment of tuition fees, the same as other college students. Only then, will some of the problems of admission and adjustment be solved in our schools of nursing.

Staff Conferences and Conference Leadership[1]

ROY SORENSON

IT may be helpful to see staff conferences in their larger setting, in perspective, then to recall some of the advantages gained by the use of the conference method, before listing some of the practical means of conducting good staff conferences.

Several things are converging to emphasize the potential power of "conferencing."

1. Group life, conferences, committee meetings are social phenomena of our times. It is not strange that a new social technic is growing up to facilitate the effective carrying on of all this group life. A group methodology has emerged.

The conference method is used extensively in business and industry. It is much more widely used in law than formerly. It has claimed the attention of social organizations to a remarkable degree.

The book, *Training for Group Experience*, represents the thinking of representatives from the Amalgamated Clothing Workers, American Country Life Association, Brookwood Labor College, Child Study Association, Federal Council of Churches, Girl Scouts, Heckscher Foundation, International Council of Religious Education, Missionary Education Movement, Y. W. C. A., Y. M. C. A., National League of Girls' Clubs, National League of Women Voters. It is interesting testimony of the search that is being made for refinement and perfection of a conference technic with which to gain the most from the multiplicity of conferences going on.

2. The various aspects of the Adult Education Movement and the increased interest in many forms of professional and vocational education have created a need for a new methodology.

The motivation operative in adults is around immediate problems, some felt need. They have experience of some sort in the subject matter of their concern. The need to provide a setting in which mutual respect for each other as joint searchers is more necessary with adults. This has rendered the older teacher-pupil relation less effective and has created an urge for a new type of educational method.

3. As educational psychologists began to work experimentally, our concept of the learning process changed. The "laws of learning"—practice, effect, readiness, and the others laid

[1] Read at the session conducted by the Education Committee, National League of Nursing Education, Milwaukee, June 11, 1930.

the foundation for a new educational method. Social psychologists have strengthened this concept as they have shown us the power of the group in the education of the individual.

4. The result of the change in concept of the learning process has been a new philosophy of education. John Dewey's five steps in a complete act of thought (felt difficulty, alternative solutions, plan, execution, judgment) have replaced the Herbartian plan of teaching with its five steps (preparation, presentation, comparison, generalization, and application). The project method, the situation-problem emphasis, has shown new possibilities in conferring.

Thus the increased group life of our time, the growth of adult, professional, and vocational education, the knowledge about learning gained through experimental psychology, and the emergence of a new philosophy of education, have shown us the sharp and effective tool within our hands in the form of workers' conferences.

Even with the new possibilities we see in "conferencing," our interest in staff conferences is not an isolated one, but one which has its setting in the larger range of educational supervision.

The *Eighth Superintendents' Yearbook* defines supervision as "a creative enterprise which seeks to provide an environment in which men and women of high professional ideals may live vigorous, intelligent, creative lives."

Staff conferences take their place in a proper balance of various supervisory functions:

Inspection, which discovers defects to be remedied and procedures which merit encouragement.
Research, which reveals principles which make for improvement.
Training, which familiarizes the person with principles so they are seen in concrete situations.
Guidance, which provides the inspirational and material environment necessary to incorporate understandings into practice.

These functions interrelate and play upon each other. Training conferences are dependent upon the observations of inspection, upon the contributions of research, and upon the problems of guidance. Staff conference is the way they get together.

In the school field, summary returns from fifty specialists, 100 superintendents, and 100 teachers, reported by the *Eighth Superintendents' Yearbook*, rated teachers' meetings, of the group meeting sort, as the second most valuable means of teacher improvement. Classroom visitation was the only item which outranked the teachers' meeting of the group meeting sort.

Thus we have seen in perspective that the staff or workers' conference is set in a series of social and educational trends; it is an important phase of educational supervision; and it is developing a methodology of its own.

Let us now examine the conference method somewhat for its advantages. Let us ask ourselves why the staff conference is such an effective tool in the hands of educational supervisors.

The conference method is efficient in securing learnings. It is very effective educationally. This is because it creates active participators rather than passive listeners. Thinking, instead of being wholly an intellectual procedure, involves an integration of emotional and intellectual factors which the give and take of the discussional procedure utilizes. Subject-matter is dealt with in the situation form in which the need for knowledge arises. This makes the learner's experience the resource of highest value. Readinesses are stimulated so that the stage is set for the useful appropriation of information. Facts are seized upon when they are needed. Dealing with situations and experience also keeps thinking in contact with realities.

The conference method of teaching substitutes:

Reasoning for Memory.
Conduct for Information for its own sake.

Priority of the problem for Priority of the subject-matter.
Natural setting for learning for Artificial setting for learning.

Workers' conferences create appreciation of new values, problems, and people. The contagion of the group situation awakens concerns and appreciations not before felt. Not only does new light result for those who have the motive, but new motive is generated within the group process.

The individuals participating get a new sense of their worth as persons. Without neglecting the thought of experts, it encourages everyday folk to respect their own experiences. Perhaps this renewed sense of the dignity of one's own thinking and one's own place in the total enterprise, frees one to grow as few other things do.

Now with our staff conferences set in meanings arising from the group life of our times, and with several reasons before us of why staff conferences are important and effective, we can ask ourselves how to conduct them.

The leadership of a conference is a specialized skill. Understanding and continual practice must go into the attainment of skill. While the attitude of the leader is very important, it is not sufficient without attention to the way it is done.

In a study of faculty meetings by one hundred ninety-eight public school teachers in Oakland, California, the following suggestions emerged:

1. Have smaller groups.
2. Employ the discussion group method.
3. Employ demonstration by the teacher as a basis for discussion.
4. Have more pointed discussion of problems—be more definite and concrete.

To this list let me add:

1. Pay more attention to the appointments, such as kind and size of room, comfortable chairs, seating arrangement so all members of group can look into each other's faces. Avoid exact rows.
2. Provide a mood of informality and comradeship. The leader sets this mood in the first few minutes of the meeting. A glowing interest in the group, warmth, earnestness, genuineness, and a sense of humor contribute to its spirit. Some meetings are so grimly purposeful that half an hour is tiring. Others are so zestful that several hours are not taxing.
3. Some realistic method of deciding upon the items for a conference agenda should be used. Situations revealed by inspection by the supervisor should be tested for importance, frequency, and educational potentiality. Questions like the following will help in deciding agenda: What is their situation? What are their questions? Where do their interests lie? By consulting with members of the group, either through a regular planning committee or by talking with a few individuals, help can be obtained in locating the most fruitful problems.

To the degree that the situation introduced is of concern to the group and the issues make any difference in their lives, will there be deep emotional accompaniment. The ramifications of any situation or problem are so numerous and varied that the teaching objectives of the leader can be realized through the process.

4. When the situation, or problem, or topic, has been decided upon, careful preparation of the method of presentation is essential. The way in which the discussion is opened up is of the greatest importance and perhaps more discussions are ruined here than at any other point. The following ways are suggested:

(a) Beginning with a concrete life-situation.
  (1) Picture a situation and ask what should be done in that situation.
  (2) State a problem and ask what experiences of the group throw any light on problem.
  (3) Portray a case, go through a demonstration, and ask for judgments and opinions about aspects of that case or demonstration.
  (4) Picture a situation and list multiple-choice alternatives.
(b) Beginning with opinion measuring devices.
  (1) Prepare a true-false test, give it to the the group at one meeting, tabulate results, and introduce the points at which there are greatest differences in answers for discussion. "Why did you answer this as you did?"
  (2) Check-lists that provide a range of opinions on a list of items, when tabulated, provides a good discussion device.
(c) Beginning with some proposed topic of current interest.

(1) This requires connecting the topic with the experience and real concern of the group.
(2) Break up the topic into phases manageable in discussion.

(d) Beginning with a textbook, speech, or other informational source.
(1) Books rarely start with situations. Therefore we need to ask: "Where does the material connect with the life of group?"
(2) Appeal to the experience of the group, ask for their discriminations.

5. One responsible for the meeting should arrange for some resource to be available. This will include books and people. The group is just as dependent as is the individual upon reliable data and upon the contribution of the expert. The difference in the conference method as over against the classroom teaching method is in the expert's relation to the group. The books and expert should be present to help at the points where the group wants help.

6. The leader of the group needs patience, poise, and restraint. There are awkward moments through which to wait, irrelevant ideas of which to be tolerant, and heated, emotional speeches through which to remain calm and objective. The leader must be willing not to take part every time a member of the group speaks. Questions tossed into the group should be tossed back and forth within the group, not always between leader and group. The leader must be willing to refer questions back to the group and not answer them or call on the resource person until the group has worked with the question awhile, if the question is an important one. If a satisfactory answer can come from the group's discussion, it is better not to use the resource. Patience is also required when time limitation tempts undue prodding.

7. The leader must be sensitive to the group. The many non-verbal means of participating must be observed and taken into account. Approvals and disapprovals, interest and lack of interest, agreement or difference in opinion, can be detected by the raised eyebrow, clouded countenance, vacant stare, quick leaning forward, fidgeting, and so on. By looking encouragingly at those who have not taken part, and avoiding looking at those who participate incessantly, the quality of the meeting is affected.

8. The art of asking good questions is needed throughout the group process. Following are some suggestions:

Questions should be penetrating and definite enough to arouse thought and broad enough to call for a series of thoughts and comments.

Avoid:
(a) Mere factual questions.
(b) Guessing questions.
(c) Self-evident and yes-no questions.
(d) Indefinite ones.
(e) Long and involved questions.
(f) Questions not phrased in the language of the group.
(g) Repeating a question too many times.

9. Summarize occasionally during the course of a discussion. A summary takes the place of motions; sifts the chaff from the grain (the irrelevant comments are ignored in the summary); allows the group to see progress. The summary should not be so frequent that it interrupts the process. Do not mistake a comment on something that suits the leader for a summary.

10. In a large conference it is wise to break into smaller groups for some parts of the process. For example the Springfield Council of Social Agencies, Y. W. C. A. National Convention.

11. Outside preparation and investigation by members of the group will grow out of concerns generated in discussion. Bibliography should usually follow and not precede group discussions on any matter.

12. An understanding of some of the mental hygiene reasons for "mis-fire" responses such as "side-channeling," "face saving," blame reactions, fixed-idea reactions, word compulsions, "limelight seeking," approved answers, etc., enable wiser handling of them and prevent them from interfering with the group process.

These suggestions about technic will grow into a much longer and richer list as your experience ripens in this area. May I challenge all of you to work consciously at gaining skill in this area as one of the most fruitful places for experimentation.

Experimentation and skill by you in this matter will not only enrich the group with whom you work, and will not only make a contribution to your professional understanding and skill, but it will actually allow you to provide your share in the forging of a new social technic for enabling persons to grow richly and fully in our complex group civilization.

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Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

Red Cross State Committee—Is It a Committee of the State Nurses' Association?

WE quote the following extract from a recent letter sent to eligible nurses by the chairman of a state and local committee on Red Cross Nursing Service:

> As chairman of the Red Cross Enrollment Committee of the ——— Graduate Nurses' Association, I am sending this letter to graduate nurses in this state who are eligible for enrollment.

Then follows a clear-cut statement on requirements, as well as a clarion "call to the colors." There are two statements in the quoted paragraph that caught our eye at once, and made us feel that if our Red Cross organization were not clear to the members of our nursing committees, it certainly would not be to those with a less intimate relationship. We have explained before, but we are glad to do so again, that the state committee on Red Cross Nursing Service is not a committee of the state association. It has, however, a very close working relationship, for the national committee depends upon the boards of directors of state associations to nominate at their annual convention suitable nurses from their membership to serve on these committees. These nominations are sent to National Headquarters of the American Red Cross, and if approved a formal appointment is sent to each. This committee then becomes a Red Cross committee, an essential part of the chain of organization which links the Red Cross nurses of a given locality through a local committee to the state, and, finally, to the national committee. This type of organization, separate from the chapters as well as the State Nurses' Association, preserves the integrity and continuity of the Nursing Service as a reserve of the Army and Navy Nurse Corps, as well as a professional source of supply to the Red Cross, itself.

In return for this service rendered by the state associations, the American National Red Cross has invited them to affiliate as "Institutional Members" with the organization, with the privilege of sending from each a delegate with voting power to the annual convention of the National Red Cross Society. This unusual arrangement is not enjoyed by any other society in the United States. For this reason we, at the risk of becoming tiresome, are constantly impressing upon nurses, both individually and collectively, the importance of understanding the relationship and making of the affiliation a real and vital responsibility.

A second point in this brief statement deals with the name of the committee. While the main purpose of the local committee is to enroll nurses, it also assigns nurses to disasters and other Red Cross activities, and coöperates and assists Red Cross Chapters with First Aid Stations, et cetera, and is called either the Local Committee or State Committee on Red Cross Nursing Service as the particular case may indicate, or, as in the case of the writer of the quoted paragraph, in

certain small states the state and local committee may be combined.

Program for Local Committees

FROM Mrs. Ivah W. Uffelman, Chairman and Secretary of the Local Committee on Red Cross Nursing Service in Nashville, Tennessee, we recently received the following statement of objectives for the coming year. We pass these on as a suggestion to those committees that so frequently ask: "How may we make our committee meetings interesting, and how may we make our members take more interest in the work of the committee?" Mrs. Uffelman writes: "We are planning a definite program for the year." This includes:

1. Taking charge of the Red Cross program of the District Nurses' Association. One meeting a year.
2. Have a representative meet all alumnae groups twice each year.
3. Talks to undergraduate students and graduating classes.
4. Talks to graduating classes in city schools.

I am preparing a little exhibit to set up on these occasions. You may also be interested to know that we are working to bring about a much closer relationship between the local committee and the chapter here.

We are particularly interested in the last statement. Every effort is being made by the national office to bring about a closer "tie-up" between the local committees and the chapters. If the committees would follow the practice of sending once a year a list of the committee members, with addresses, to all the chapters in their territory, indicating the chairman and secretary, and giving the telephone numbers, stating that a complete list of all Red Cross nurses in the chapter's territory is kept by the secretary, and that it stands ready to help the chapter when nurses are needed, there would be fewer complaints from local committees that they are ignored; the onus then falls upon the chapter and not upon the committee. We urge both chapters and committees to keep us informed of any apparent lack of coöperation on the part of either group. A better understanding can be reached, or an adjustment of a local difficulty made through a visit from the nursing or general field representative.

The Objective of Another Committee

FROM New Hampshire we have been informed by Myrtle H. Flanders, General Field Representative, that each member of the state and local committee has pledged herself to bring ten nurses into the enrollment next year. We hope other committees will follow this practice.

Speaking of Exhibits

NATIONAL HEADQUARTERS is kept busy trying to supply exhibits to annual or biennial conventions of all sorts of national societies. Why not try to develop them locally, as Mrs. Uffelman of Tennessee suggests? A large map of the state, showing the location of local committees, names of members, with addresses appended, and number of nurses enrolled under each committee, makes a very interesting as well as enlightening appeal. If a list of the chapters in the territory of the committee is added it would help to round out the picture of the Red Cross facilities. Such a map is easily secured and arranged. Try it at the next state meeting.

Nursing Field Representative for Vermont and New Hampshire

HELEN GOULD, a graduate of the New York Hospital, has been appointed Nursing Field Representative for Vermont and New

Hampshire. Miss Gould served with the Army Nurse Corps during the World War, was released to the Red Cross shortly thereafter, and joined the Red Cross Tuberculosis Commission to Italy for special public health nursing. She has served as a Red Cross Public Health nurse in this country, as well as an instructor in Red Cross courses in Home Hygiene and Care of the Sick. This, with her experience with other organizations, well qualifies her for this important office. Miss Gould succeeds Miss Petersen in Vermont and Miss Flanders in New Hampshire; the latter is still, however, a valued member of our official family, but assumes the office of General Field Representative.

Changes in Regulations

IT was our former custom to require a nine months' affiliation or postgraduate course for enrollment of graduates from schools connected with special hospitals, and six months in a large general hospital for those who graduate from schools connected with hospitals which fall below the required daily average of fifty patients. The National Committee at its last meeting recommended the following schedule (see *A. R. C.* 703, page 4, Nursing Education):

A. A school connected with a hospital having a daily average of 35–49 patients, inclusive; six months affiliation.
B. A school connected with a hospital having a daily average of 20–34 patients, inclusive, nine months affiliation.
C. A school connected with a hospital having a daily average of less than 20 patients; one year affiliation.

Contents of courses are also taken into careful consideration. The maximum age limit has been reduced to forty years, instead of forty-five as formerly. Eligibility of graduates from special hospitals is also to be determined on a more flexible basis. Furthermore, a year's experience in a government hospital in lieu of preliminary training will not be generally accepted, but will be determined on the merits of individual cases. Instructions covering these points have been issued to all local committees. These regulations do not affect applications for enrollment dated prior to July 1, 1930. It is believed that this more flexible scale of determining eligibility will not only be fairer to the applicant and render the work of our local committees much easier, but will in the end help to raise the standards of nurse education, especially in the smaller institutions.

Enrollments Annulled

THE enrollments of the following American Red Cross Nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Byrt Grossinger; Mary Hannah Groves; Mrs. Robert P. Gruber, née Lura L. Baker; Sadie Guild; Mrs. Hattie M. Hall, née Muhs; Mabel Viola Hall; Monta A. Hall; Mrs. Charles H. Hamilton, née Callie Oglevee Gray; Bernadette Monica Hamlin; Mrs. Harry M. Hankins, née Florence Cecelia Hansberry; Mrs. B. F. Harper, née Goldie Edna Downs; Ruth Harrington; Margaret Harris; Jennie A. Harte; Laura C. Hartvigh; Frances Ellen Harvey; Mrs. Cora May Hathaway, née Bates; Flora Haueter; Mrs. Grace Grant Have, née Burt; Anne Hayes; Lila B. Healy; Josephine F. Heerey; Rilla M. Hersom; Mrs. R. N. Hester, née Florence Duncan; Margurite Hetzel; Mrs. F. A. Hewlett, née Melva Louise Warrington; Mrs. Emma Hines, née Wildgrube; Ellen Jayne Hobbs; Mrs. Charles F. Holden, née M. Kathryn Burns; Helen C. Holihan; Mrs. G. W. Hollenbeck, née Emma Caroline Wittenberg; Mrs. Georgianna Horning, née Bernard; Mrs. Harold Howes, née Florence Dorothea Forman; Mrs. Florence Lena Howland, née Paine; Alpha Ann Hubble; Mrs. Alice Warren Huber, née Jeffers.

Student Nurses' Page

A Case Study of Tetanus

BERTHA SNOW

Corry Hospital School of Nursing, Corry, Pa.

TETANUS infection, or lockjaw, is an acute infectious disease caused by the tetanus bacillus and characterized by headache, sore throat, malaise, trismus of jaws, and rigidity of face, neck, and back muscles.

The disease is caused by a slender, rod-shaped, spore-forming organism—the spore usually being at one end, and giving the bacillus the appearance of a drumstick. These spores are very resistant and may live for years in dust. The first individual to succeed in infecting mice and rabbits from garden soil was Nicolaier, in 1884; but he was unable to isolate the organism. In 1889 Kitasato succeeded in isolating, from lesions in mice which had been inoculated with material from a human case, a bacillus which, when injected into animals from a pure culture, produced the characteristic symptoms. He also explained that failure to isolate them previously was due to the fact that these organisms can grow only in the absence of oxygen. The bacilli lodge in deep wounds, where they produce a powerful toxin having a strong affinity for nerve tissue. These toxins are carried in the blood until they are absorbed by the brain and spinal column, the germs remaining at the site of infection.

The normal habitat of tetanus bacillus is the intestinal tract of herbivorous animals. In the dejecta the organisms find their way into the soil, and in the pulverized soil they are scattered with the dust practically everywhere. Tetanus bacilli may be found almost anywhere man and domesticated animals have been. Tetanus may, therefore, develop when soil or dust is forced into an open wound. It sometimes develops from vaccination when the vaccine has been obtained from unclean calves. It may also result from the use of improperly sterilized catgut, because the intestines of sheep, from which catgut is made, may contain tetanus bacilli. In China, tetanus not infrequently develops in newly born children from infection of the navel following childbirth.

The period of incubation for the tetanus bacillus is from one to twenty days, but usually is noticed in from five to ten days. The shorter the period of incubation, the more severe the disease, and the more apt to be fatal.

Treatment and general nursing care of the patient consist principally in avoiding all annoyances to the patient (such as light and noise) and keeping the patient as comfortable as possible by changing the position often. An accurate knowledge of the intake and output of fluid is necessary—the former to ensure a proper supply of nourishment by any necessary method

and the latter in order to note how far rigidity has taken place. The mouth should be cleansed carefully and all precautions used to prevent biting of the tongue or, if already bitten, to prevent infection. Headache may be relieved by ice caps. The patient must be carefully watched for serum reaction and convulsions, and as much of the pain as possible alleviated by means of morphine or codein. Particularly to be remembered is the fact that the patient is at all times oriented to his surroundings and to what is being done for and to him.

A Case

THE patient, M. H., a young woman twenty-one years of age, entered the hospital March 25 for an operation to be performed on the twenty-sixth. A sterile skin preparation was applied on that date and on the twenty-sixth an appendectomy and double salpingectomy were performed, from which the patient had a good post-operative recovery, the wound healing by first intention. On April 2 the patient was discharged and taken home by ambulance. On April 7 the patient complained of being tired, of backache, and loss of appetite. The next day she found she could open her mouth only with difficulty. The attending physician was called on April 9, at which time the patient complained of severe headache, backache, rigidity of muscles (particularly of neck and back) and difficulty in separating teeth. Her back and neck were arched and the muscles of the abdomen were very rigid. She was readmitted to the hospital on that date with temperature 98, pulse 120, and respirations 20.

The doctor's immediate orders were that adrenalin m.vii be given by hypodermic every three hours, in order to relax involuntary muscles and slow the pulse; tincture digitalis m.x to be given orally every three hours, to decrease the pulse rate and give blood vessels better tone. Temperature, pulse, and respirations were to be taken every four hours. Fluids were to be forced so as to aid elimination and keep the tissues supplied with fluid. In case of necessity, the patient was to be catheterized to relieve the bladder. Morphine sulphate gr. 1/8 was to be given for pain whenever necessary.

On April 10, her first morning at the hospital, she was able to separate her teeth only one eighth of an inch, and complained of severe pain on swallowing. She refused to drink because of the difficulty in swallowing, and was given fluids and medications by Murphy drip for two days. The fluids consisted of normal saline and glucose 5 per cent, with tr. digitalis dr.ii to 500 cc. glucose.

On April 11 a lumbar puncture was done under chloroform anesthesia, which the patient stood very poorly. She became cyanotic, and respiration became labored, but her pulse remained fair in quality. Thereafter, for the next five days, she was given a general anesthetic of ethyl chloride for relaxation of the muscles during the intraspinals.

Her reaction after these treatments was usually that of very severe pain, sometimes tremors, profuse sweating, and oftentimes greater rigidity of muscles with subsequent relaxation later in the day. The spinal fluid was clear at first and came at normal pressure; but during the course of the disease, became turbid and bloody and was withdrawn under increased pressure. As the patient grew better the fluid became less turbid and bloody and pressure became more normal.

On the third day a course of calomel gr. 1½ was given in 1/10 grain tablets for fifteen doses. On the fourth day an enema was given to aid in eliminating the calomel and induce peristalsis. On the fifth day another course of calomel was given which was followed by an enema. On April 16 luminal gr. 1½ was ordered every six hours for relaxation.

For the first week the patient's condition was very serious. She lay on her right side and back, with knees flexed and head drawn back. Her face was pale and drawn and all reflexes of the body were hypersensitive. She was very drowsy, but always answered when spoken to, though on several occasions she was difficult to rouse. Her body was in a condition of tonic spasm, especially the muscles of legs, back, and neck, but she had no convulsions during the siege of the disease. During the first six days the patient's condition seemed gradually to become worse, but after that time she improved gradually. The temperature ranged from 98° to 101° during her illness.

On April 20, eleven days after onset of the disease, she was able to turn her body without help and to turn her head from side to side. She was also able to move her head up and down slightly, and took fluids and soft foods easily. On this date also the last tetanus antitoxin was given intravenously. On April 24 she was able to sit up in bed alone and had good flexion of head. All muscles including abdominal muscles were soft and pliable. Her T.P.R. was 98.6–80–20. On April 28 the patient was up in a chair and could chew all foods, including meat. The following day she was walking about, and on April 30 (21 days after readmission) she was discharged in good condition.

The following is a summary of the tetanus antitoxin given:

April 9	Intraspinally	10,000 units at	9.45 p.m.
	Intravenously	20,000 " "	11.00 p.m.
" 10	Intravenously	20,000 " "	8.15 a.m.
	Intraspinally	20,000 " "	9.30 a.m.
" 11	Intravenously	20,000 " "	8.00 a.m.
	Intraspinally	20,000 " "	4.30 p.m.
" 12	Intravenously	20,000 " "	7.30 a.m.
	Intraspinally	20,000 " "	8.00 a.m.
" 13	Intravenously	20,000 " "	8.30 a.m.
	Intraspinally	20,000 " "	8.55 a.m.
" 14	Intravenously	20,000 " "	8.30 a.m.
" 15	"	20,000 " "	9.00 a.m.
" 16	"	20,000 " "	8.45 a.m.
" 17	"	5,000 " "	8.15 a.m.
" 18	"	5,000 " "	7.45 a.m.
" 19	"	5,000 " "	7.55 a.m.
" 20	"	5,000 " "	6.40 a.m.
	Total	270,000	

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Baccalaureate Services

AVIS EGLAND

Grandview Hospital, La Crosse, Wisconsin

THE Seventh District Nurses' Association of Wisconsin sponsored a unique type of Baccalaureate Service for the combined schools of nursing of La Crosse. In this city of 38,000 there are three schools of nursing and the graduating classes numbered 29, 18, and 14 respectively. Supervisors and general duty nurses and students also took part in the processional. The service was held Sunday, May 11, at 10.45 a.m., at the Rivoli Theater, it being deemed advisable to have an auditorium sufficiently large to hold the audience. The First Presbyterian Church of La Crosse and the pastor, Rev. F. Bremicker, had charge of the service—this latter being of a threefold nature and arranged in three different addresses.

The first address, which was given in memory of Florence Nightingale and in honor of Hospital Day, impressed us with the influence of so great a character. A brief résumé of Miss Nightingale's life work and service in the Crimean War inspired us with a spirit of enthusiasm for whole-hearted, unselfish service to humanity. John Ruskin's quotation, "An organization is but the lengthened shadow of one man," expressed the influence of Florence Nightingale's service on present day hospital organization and nursing status.

The graduating class, which was addressed with the text, "Whatsoever thy hand doest, do with all thy might" (*Ecc.*, chap. 9, verse 10), was impressed with the fact that efficient, conscientious service is much to be desired by the successful nurse. "Be ye faithful over little things and I will set you over mighty things."

The third address was to the mothers—it being also Mother's Day. Examples of various historical mothers who had had a definite influence on the life of a son or daughter were cited.

Appropriate music was rendered and, as pictures of Florence Nightingale's work in the Crimean War were flashed on the screen, an impression was created which will remain in the minds of all present.

United States Civil Service Examinations

THE United States Civil Service Commission announces the following open competitive examinations:

Chief Nurse (Indian Service)
Head Nurse (Indian Service)
Graduate Nurse (Various Services)
Graduate Nurse, Visiting Duty (Various Services)
Graduate Nurse, Junior Grade (Various Services)

Applications for the above-named positions must be on file with the Civil Service Commission at Washington, D. C., not later than December 30, 1930. The examinations are to fill vacancies in the Departmental Service, Washington, D. C., and in hospitals of the Veterans' Bureau, the Public Health Service, and Indian Service throughout the country, also at the Federal Industrial Institution for Women, Alderson, W. Va. On account of the needs of the service, papers will be rated as received and certification made as the needs of the service require. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience. Full information may be obtained from the United States Civil Service Commission, Washington, D. C., or from the Secretary of the United States Civil Service Board of Examiners at the post office or customhouse in any city.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

Night Duty in a Hospital in South India

THE following are from night reports written by a student nurse on his first assignment to night duty. He had been in training just seven months. He is a high school graduate and a very promising student.

We do not have such a luxury as a night supervisor, for the simple reason that we cannot afford one. Funds are rather limited in a mission hospital. After I have made rounds about 9.30 p.m., the students are left in charge of the patients. A graduate nurse is on call in case special treatments need to be given or when emergencies arise. The young man in charge of the Male Ward had, along with the others in his class, received instruction as to writing a report about his patients. He was given a model report to copy in his notebook. Fearing that he might, as is sometimes the case, write a report copying his model verbatim, I suggested that he might write it in his own words using the outline that had been given him. That he had his own ideas as to how it should be written and as to how to nurse his patients is, I think, quite evident from the quotations that follow:

"Ward administration during the night was dealt with great care. Patients had their usual medicines in time."

Then follows a report of the high temperatures:

"Ordered doses from stock mixtures and pulv. were dispensed statum with care to bring the abnormal temperatures of the patients to normal. . . . As A. J. complained of severe attacks of asthma, he had with the usual aseptic care the hypo of adrenalin hydrochloride tablet at 8 p.m. in accordance with the written order of Dr. S. P. . . .

"Kuppusami, the bullock-gore case, had pain and discomfort. He was provided with hot water bottles which finally came off successfully in relieving the deep-seated pain. . . . Advising him to lie flat on his back, so as to allow slight circulation of blood to the lower affected limb, was a great difficult problem to solve when I dealt with him.

"Govindappan was for some time restless due to severe itching sensation all over his body. Patient was comfortable and freed a little from that sensation after he received a very good manipulation with the medicinal agent of camphorated oil. From time to time calls from patients requiring assistance were punctually attended to. Adequate encouragement was given to patients with ailments and bad complications. Protection of patients from chill during rain was paid particular attention to. Glad to mention that almost all of the patients, except a few, spent three-fourths of the night in good sleep and rest, and the ward was more calm than yesterday.

"Yesupatham (a pneumonia case) has no cough. The only difficulty is that he does not take fluid in properly. He was tried with lime juice twice. Result is somewhat good. It is hoped that albumen water, if tried every hour, will bring back his original taste. (The albumen water was his own idea.)

"Chinniah, the accident case, was restless between 11 and 2 a.m. He was not able to pass urine. On making keen observation, poor man had overdistended bladder. Therefore, after strict sterilization and with the aid of Mr. J., graduate, the whole technic of catheterization was carried out at 1.45 a.m. As a result of that, patient was comfortable and slept well."

Another report again speaks of Yesupatham: "Yesupatham was fed with milk and coffee twice. He is gradually taking in the fluid given him. The boy caught his mother's hands and placed them on his stomach in token of appetite. It seems that the lad is attaining his original taste gradually since he was given the albumen water. But he was murmuring the latter part of the night. . . .

"M. H. (a patient in one of our private houses outside of the main hospital building) complained of gastritis. In accordance with the order of the doctor one ounce of carminative mixture was dispensed statum at 8 p.m. Several visits were paid during the night. I found the patient and his relatives sleeping inside the room with the doors and windows closed. (The temperature ranges from 70 to 80 degrees in February.) Health habits were, therefore, taught as to the ventilation and accommodation of the house.

"The little child with the compound fracture gave much trouble to its mother at midnight by making great noise. That was put to an end by giving him a piece of bread and a glass of water." Another night about this child he writes as follows: "A good deal of noise was made during the night by the loud crying of the child with the compound fracture. He was crying because he has much appetite and it seems that the mother does not feed the child properly." (Many of our patients take only food supplied by their relatives and will take it from their hands only. Others, such as our nurses, or those of other castes than themselves, would defile it.)

When at the end of the month this student was commended for having discharged his duties faithfully, he answered, "Certainly."

W. NOORDYK, R.N.

How the Army Cares for Sick Nurses

FOR several months I have thought of writing you on how the Army takes care of its nurses who are ill, as I believe your readers would be interested.

I was operated on in October, 1927, by two of the finest surgeons in the Army. Due to my condition and to complications, I was on the seriously ill list from then until some time in February, 1928, and I believe that but for the excellent care I received from doctors and nurses, I could not possibly have recovered.

At first, for two weeks I had two special nurses, among the best in the Post. Then the nurse in charge of the floor, with unfailing kindness and efficiency, helped me turn the corner, and two others treated me as if I were a favorite sister of theirs. For over six months while I was in the hospital, the chief nurse paid me a call *every* evening after supper; of course she saw me each morning when making official rounds, but never failed to see me in the evening, too, and her assistant also cheered me by her frequent visits.

If I were to name all the nurses who gave me of their time and many kindnesses, my letter would be too long. However, I must mention the chicken broth which the nurse in charge of the Nurses' Mess personally brought me each day for weeks, as for several months I had difficulty in taking nourishment, until finally I was fortunate in being ordered champagne by the surgeons in charge, which proved a great help.

Having been in the hospital from October to May, I must mention the various special holidays during that time. Hallowe'en, Thanksgiving, Christmas, New Year's, Valentine's Day, Washington and Lincoln's Birthdays, St. Patrick's Day, Easter, and so on, and the many, many greetings and flowers sent me by nurses on those days. Nowhere in the world except in the Army would I have found such an untiring, unfailing feeling of comradeship and good will as I received from the whole Post personnel, including officers, nurses, and civilians.

Among the flowers received at Christmas time was a beautiful poinsettia, from several of my old patients whom I knew when on duty in Fort Bayard, New Mexico, twenty years earlier. How often in civil life is a nurse remembered kindly by her patients for over twenty years?

Before closing, I must mention, too, the unfailing care and kindness received from the Catholic Chaplain in charge of the Post.

In civil life my illness would have cost me at least $3,000, but millions could not pay for the loving kindness and courtesy received all during that long illness, although being in the Army it did not cost me a cent and at the same time I was on full pay.

R. M. K.

Arizona

(We are informed that Miss K. was a member of the Army Nurse Corps for twenty-two years and was a chief nurse for twelve years, and was retired in 1929 after rendering efficient and devoted service to the Army. While Miss K. was retired prior to the enactment of the bill for retirement for disability because of twenty years' service she will receive a retired pay as long as she lives.—*Editor.*)

No More Nurses Needed

Please do not come to Tucson expecting to find work. Our Registrar reports only six weeks of fairly good work last winter. There were usually a third of those on the Registry on call and now three fifths of the nurses are waiting for work.

NILA J. COOK, R. N.
Secretary, District 2,
Arizona State Nurses' Association.

Questions

Is there any advantage in putting student nurses in white uniforms?

There are many arguments pro and con. The superintendent of the Hurley Hospital, Flint, Michigan, gives the following figures on cost of laundering:

"To compile an actual comparison of the cost of laundering the old type uniform—blue dress, white apron, kerchief and cuffs—with a white uniform, we find it necessary to divide the process into two parts—that of the washroom proper and that of the finish work or ironing.

"In the past year 'blue outfits' were laundered for seven months, the remaining five months being on 'white outfits.' The average cost per month under the 'blue outfit' was $1,351.14. This includes salaries, meals, office and general supplies, repairs and replacements, etc. As all clothes are weighed, it was found that 7 per cent of the clothes washed consisted of the 'blue outfits,' this making a cost of $94.58 for washing. In the last five months, the average monthly cost was $1,388.29; 4 per cent of this was white uniforms, making a cost of $62.47 for the washing. This was a monthly saving of $32.11 in the washroom.

"In the finishing or ironing process, two methods can be used—complete machine ironing, with a small amount of hand finishing, or ironing the white uniforms by hand to the waist line and completing them on the machine.

"In the ironing of the 'blue outfit' an average day's work was compiled, and we found that the complete cost of ironing was $.08 per uniform. In the press ironing and finishing by hand of the 'white outfit,' the actual cost is $.03½, thus showing a saving of $.04½ for each white uniform ironed, in comparison with that of the 'blue outfit.'"

In what states are New York State graduate nurses qualified to practice without obtaining a special license for a particular state?

New York *A. V.*

Each state has its own nurse practice act and a nurse is not really entitled to the use of the letters R.N. unless she has secured the license of the state in which she wishes to practice. Some of the laws are more carefully enforced than others. In Pennsylvania, for example, a nurse may not legally use the letters R.N. until she has been registered, by reciprocity or examination, in that state even though she may have been registered in more than one of the other states. Nurses should inquire of the secretary of the Board of Nurse Examiners of the state in which they wish to practice.

In what states is a graduate of a school of nursing in the state of Washington eligible for registration, either by reciprocity or examination?

N. Y. *S. L.*

There is no one source from which you can secure general information on this subject. It would be necessary for you to write to the Secretaries of the State Boards of Nurse Examiners in the states where you wish to register. When writing to them you should give the following information:

Name and address of the school from which you graduated.
Date of graduation.
Length of course in this school.
States in which you are registered with date of registration and registration number in each state.
How registered—*i. e.*, by waiver, reciprocity, examination, or special provision such as holding an honorable discharge from the Army or Navy.

ALMA H. SCOTT,
Assistant Director, American Nurses' Association.

What Is the Cash Value of an Education?

EDUCATION pays in excellence and happiness of life; it also has a dollar value. The average life earnings of an elementary school graduate are $64,000; of a high school graduate, $88,000; of a college graduate, $144,000. *Review of Reviews*, November, 1928.—*Journal of the National Education Association*, October, 1929.

Miscellany

Drug Addiction

OF the 2,407 individuals reported as violating the anti-narcotic laws, 925 were regularly employed, 1,288 were irregularly employed, and for 194 employment history was unknown. Of the 925 regularly employed, 50 were dependent, 606 marginal, and 269 were in comfortable economic circumstances; of the 1,288 irregularly employed, 344 were dependent, 886 marginal, and 58 in comfortable economic circumstances, and of the 194 whose employment history was unknown, 27 were dependent, 60 marginal, 25 comfortable, and 82 unknown whether dependent, marginal or comfortable. It will be observed that a large proportion of those addicted to the use of habit-forming drugs were irregularly employed, and on the whole a large proportion were either dependent or of marginal economic circumstances. It is generally recognized that the cost of drugs necessary for maintaining addiction tends to impoverish, not only the individual concerned, but his family as well. Drug addiction is, therefore, an economic problem.

The habitual use of alcohol is sometimes associated with drug addiction. In some instances excessive indulgence in alcohol is found in the early history of a proportion of drug addicts, but as a general rule the habitual use of alcohol is not associated with drug addiction. The individual who resorts to the excessive and habitual use of alcohol appears to be somewhat different in mental make-up from those who resort to narcotic drugs.

Like chronic alcoholism, narcotic drug addiction becomes established at a much earlier age than is generally supposed. Of 1,660 cases, in 996 cases drug addiction was established between the ages of 20 and 34, or 60 per cent, and of the total cases involved 320, or 19 per cent, became established between the ages of 25 and 29, and 779, or 47 per cent became established under the age of 24.—"The Epidemiology of Narcotic Drug Addiction," from *Public Health Reports of the U. S. Public Health Service*, March 14, 1930.

Before the Flood

PROFESSOR S. H. LANGDON, Professor and Shillito Reader of Assyriology at the University of Oxford and one of the greatest archeologists of modern times, lectured recently before the Royal Society, London. He has just returned from arduous excavations at Kish, in Mesopotamia, and has brought to light relics of the whole civilization before and during the Flood, which took place 3,200 years before Christ.

One of the relics is a manicure set 5,500 years old, beautifully made and much as modern ones are. There were the scissors, the cuticle knife, the powder puff and also the curling tongs. The lady who owned it lived and died before the Flood recorded in the Bible.

Wonderful toys were found that had been the property of the royal children and were discovered in the palace. Among them were wooden horses, more realistic and beautifully fashioned than can be bought today. A terra-cotta model of a three-wheeled chariot drawn by seven horses was exquisitely wrought; it could not be surpassed by modern workmanship.

Nearly half the writing found was readable, and the life of these people of nearly 6,000 years ago is laid open before us. Kish was the greatest city in Mesopotamia and civilization was highly advanced then.

Professor Langdon said that for the first time the Bible story had been proved to the hilt.

ELISABETH ROBINSON SCOVIL, R.N.

Abstracts

Polypoid Sinusitis: G. Allen Robinson, M.D. The Treatment of Polypoid Sinusitis. (*New York State Journal of Medicine*, July 1, 1930.)

Polypoid sinusitis, or degeneration of the mucosa of the nose and accessory sinuses, is a pathological process frequently encountered and stubborn to treat. . . . The symptoms depend upon the extent and severity of the disease. Nasal obstruction, mucoid or muco-purulent discharge, headaches, loss of smell, bronchitis, and not infrequently asthma are the chief symptoms.

In the early stages of the disease with a few polyps present, conservative removal, including a small area of the surrounding tissue, may suffice. . . .

Radium and other physical agents have been used post-operatively in polypoid sinusitis with considerable benefit. The action of radium upon this pseudo tumor tissue is to produce a fibrosis in the sub-mucosa. . . .

SUMMARY

1. In a series of forty cases of polypoid sinusitis treated by radium, twenty-eight had previously received surgical intervention by partial or complete ethmoidectomy and antrotomy.

2. Asthma, a complicating factor in nine cases, was controlled in seven.

3. The mucoid and muco-purulent secretions have been lessened.

4. Headaches have been relieved and in a few cases the sense of smell has returned.

5. Small polypi have been made to disappear and the interval between the recurrences has been lengthened.

Malaria. Can the World Banish Malaria?: Krysto, Theodore, M.D. (*Scientific American*, April, 1930.)

A simple, economical, and easy method of ridding the world of malaria and the blood-sucking mosquito is described by Dr. Theodore Krysto.

Briefly the method is as follows: Plant alfalfa, beans, clover or any leguminous plants near your home if you live in a malarial region. The anopheles, the malaria fever mosquito, feeds on the blood of man and the juices of leguminous plants. Alfalfa, clover, beans—all these and numerous others belonging to the leguminous family have in common a substance called coumarine, and when the anopheles mosquito feeds on these plants their juice neutralizes the noxiousness of the mosquito. It can no longer spread malarial fever. "Coumarine may play a rôle in the insects comparable to that which quinine plays in man," says the prominent Yale scientist d'Herelle.

The second part of the plan is to replace mosquitoes which suck the blood of human beings by mosquitos which suck the blood of animals only. There are some mosquitoes that do not sting man. There are also some mosquitoes whose larvae eat the larvae of another mosquito and in this way exterminate them from a given locality. M. Legendre has discovered a mosquito in Brittany—he calls it Breton culex—which crowds out another breed of culex mosquitoes by eating their larvae, and at the same time does not sting man, but only animals.

Dr. David Starr Jordan, former head of Stanford University and expert on mosquitoes in relation to malaria, states that "Dr. Krysto's suggestions may prove of tremendous worth to the world."

MARGARET OTIS, R.N.

Toxemias of Pregnancy: Hepatic Extract Treatment of Toxemias of Pregnancy. J. L. Reycraft, M.D. (*American Journal of Obstetrics and Gynecology*, June, 1930.)

We know that all cases of toxemia of pregnancy do not show evidences of nephritis. At least the urine does not contain casts of the kidney, and little if any albumin. According to the theory which has been advanced, such cases are due to the action of the toxin on the liver.

Why should the liver be implicated? Because it is known that the liver is the glycogen storehouse of the body or at least an important storehouse for glycogen, and it is found that the store has been depleted as shown by the presence of the very low or at least diminished blood-sugar content. . . .

SUMMARY

In the series of fifty cases which were considered sufficiently toxic to require some special form of treatment, we have used heparmone with varying results. Only three of the fifty patients would be considered mild cases. Twenty-seven were moderate, and twenty were severe. About 40 per cent of the cases showed little, if any, nephritis. In approximately 60 per cent, the objective symptoms were relieved and in 64 per cent of the cases, the subjective symptoms were relieved. The one patient in this series who chanced to come to autopsy had had a very large amount of heparmone and on two occasions was on the verge of eclampsia. We feel that it is at least worthy of note that there were no degenerative changes in the liver.

We delivered forty living babies in this series, and seven of the stillbirths were premature babies, and most of these macerated. It will be noted that we were unusually fortunate in having eight living babies from the ten cases of eclampsia. Only four of the cases were frankly hepatic in type, two were mixed, and the remaining four were nephritic. There was some relief of the subjective symptoms in the nephritic cases after the administration of heparmone, but it had little influence upon the objective symptoms. In all but one of the hepatic cases relief was obtained both subjectively and objectively.

We feel as Titus does, that the blood-sugar curve is of prognostic value and have given glucose freely in all cases of impending eclampsia and in the majority of cases of actual eclampsia, in addition to giving liver extract.

It is our opinion that in liver extract, containing a minimum amount of nitrogenous elements, we have a valuable addition to our armentarium in the treatment of toxemia of pregnancy, particularly in those cases which are not essentially nephritic in type.

Demonstration of a Patient Using an Artificial Larynx: G. B. New, M.D. (*Staff Meetings of the Mayo Clinic*, July 2, 1930.)

Among physicians in general, there is the impression that patients whom it has been necessary to subject to laryngectomy for carcinoma are morose and derelict, are unable to take their usual place in society or to earn a livelihood. On the contrary, we believe that the morale of these patients is high and that they are just about as efficient as they were before their operations.

Years ago it was necessary for such a patient to develop buccal speech, and while some patients were able to use their lips and tongue so that they could be understood, many would not persevere sufficiently to obtain a worthwhile result. Since the invention of the artificial larynx, there is no reason why the ordinary patient should not develop speech so that he can make himself readily understood.

There are two artificial larynges on the market. One, made by the Graybar Electric Company, is of vulcanite, and the sound is produced by the air passing from the tracheal opening through the artificial larynx, causing rubber bands to vibrate. The other artificial larynx is made by the McKesson Appliance Company of Toledo, Ohio. This is a small, metal appliance in which a vulcanite reed is used to produce the sound. The reed may be adjusted so that the pitch of the voice of the patient is high or low.

The patient I am presenting is a man, aged fifty-nine years, who underwent laryngectomy for a squamous-cell epithelioma, graded 3, about three years ago. He is a district insurance agent, and losing his voice would mean a great deal to him. By the aid of the artificial larynx he is able to carry on his insurance business just as satisfactorily as before the operation. In talking over the telephone, one would not know that the patient had an artificial larynx. The patient wears a metal cap over the tracheal opening in the neck. The cap is held in place by a button on its outer surface, to which the shirt is attacked. This man, like most others in his condition, at present does not have to wear a tracheotomy tube, as the metal cap fits directly over the tracheal opening. The rubber tube from the metal cap is carried out through the pocket of his shirt, so that it is not at all noticeable. The distal end is placed at the angle of his mouth when he talks.

The patient demonstrated that he could talk distinctly and fluently, so that loss of his larynx has not interfered with his happiness or his livelihood.

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

DIGEST OF MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS, JUNE 30, 1930

Resolutions

Resolutions were adopted by the Board concerning the death of S. Lillian Clayton, and that of Linda Richards. In referring to Miss Clayton's death, the Board described it as "the irreparable loss which has befallen the organization in her passing."

Unemployment

Unemployment, particularly in the private duty field, was a subject paramount in the minds of all. The opinion was voiced that the fact should be emphasized that two-thirds of the time of the staff at Headquarters now is being devoted to the problems of private duty nurses. A summary of the discussion at the Board meeting, it was voted, will be sent to the Executive Committee of the Registry Committee for consideration and recommendation.

Resolutions presented at the annual meeting of the New Jersey Hospital Association, May, 1930, were read. These related to the influx of nurses from other countries into the United States. Motion carried that through the International Council of Nurses and the *International Nursing Review*, notices be sent to the magazines of all countries outside the United States, to the effect that there is at present great unemployment among nurses in the United States, and that the nursing field in this country is overcrowded.

Because it was felt that the name "Registry Committee" is not sufficiently comprehensive to include all the activities that should come within the scope of such a committee (particularly in consideration of the function of the registry in its responsibility to the private duty nurse and to the un-nursed of the community), it was voted that the name "Registry Committee" be referred to the Committee on the Distribution of Nursing Service for consideration and recommendation.

Relief Fund

The following significant resolutions presented by the Relief Fund Committee were adopted:

"If the Relief Fund is *continued*, the Relief Fund Committee recommends that a committee be appointed (which may be the Relief Fund Committee) which shall be given authority to make a comprehensive study of our whole relief situation. This involves the permission to expend sufficient money from the Relief Fund itself to make a study possible.

"It recommends the appointment to the Committee (or advisory to it) of people who are qualified to suggest the best administrative and social practice.

"It further recommends the employment of a full-time person additional to the Headquarters staff, with social training and experience, who shall assume responsibility for the administration of the Fund in collaboration with the Committee.

"If it is voted to *discontinue* the Fund, the Relief Fund Committee recommends that the Committee be empowered to expend sufficient money from the Fund itself to study the situation in order to formulate some plan for meeting our already assumed obligations, to assist in making some constructive plan for the states which may desire to continue relief projects, and to get assistance and advice in helping the Committee to prepare their final recommendations for the use of or the dispersement of the Fund itself."

I. C. N. Dues

The payment of dues to the International Council of Nurses is a national rather than a state responsibility from the standpoint of

organization. In emphasizing this matter, the Board voted that the states be requested not to include in charts or other membership information, a division of dues to indicate I. C. N. dues.

The Secretary read a letter to the Board from the Treasurer of the International Council of Nurses, acknowledging the payment of American Nurses' Association dues for 1930 to the International Council of Nurses to the amount of £1,292.3.5. Since the increase in dues from five to eight cents per capita had not been asked for until July, 1930, the International Council of Nurses' Treasurer stated that a part of the whole sum would be debited as a donation.

Because of the large amount of money involved in the I. C. N. dues under the new arrangement and because of the anticipated steady growth in A. N. A. membership, the Directors voted that a notice be sent to the International Council of Nurses asking that, at the next meeting of that body, there be brought up for discussion the matter of placing a limit upon the amount of dues to be expected from any member association of the International Council of Nurses.

Programs for State Meetings

Every year invitations come to national officers and to members of the Headquarters staff to speak at state meetings. These invitations are greatly appreciated, but there always is the difficulty of arranging the routes for the speakers. Sometimes invitations come from neighboring states, but there is such an interval between times of meeting that it is necessary to make two trips if the speaker is to be present at both sessions. Often there are duplications in dates, and altogether it is very difficult to arrange travel schedules for the nurses who go out into the field to speak at state meetings. For this reason the Board voted that a statement to this effect be made to the nurses through the A. N. A. *Bulletin*. If state associations will arrange their meetings well in advance, and will consult with their neighboring state associations so that the dates of meetings may be at nearly the same time, it will greatly facilitate the routing of the national speakers whom these states are anxious to have with them. Then, too, it is possible in this case to divide the cost on a pro rata basis among the states which thus have shared the expense of travel which, otherwise, the state association would have to bear alone.

Health Council Speakers

In this matter of program building, the Board voted also that "state associations preparing programs for their annual meetings be informed of the opportunity to utilize speakers furnished by the Social Hygiene Association and other members of the National Health Council on subjects pertaining to the activities of their respective organizations at no cost to the American Nurses' Association, or to the states, other than that of the necessary correspondence."

Concerning Sections

Following discussion of a request that the Board consider the advisability of revising the by-laws to permit the automatic representation on the Board of Directors of Section chairmen, a motion was carried, that to accede to this request would be to increase the Board to unwieldy proportions and would place upon the Board of the American Nurses' Association, members whom the delegates would not have had the opportunity to elect. In taking this action the Board "was not unmindful of the many problems involved, but the members had in mind first the solidarity of the profession and believed that we should tend to break down 'section labels' and substitute 'subject labels,' in other words, work toward one organization discussing problems common to all."

Resolutions from the Private Duty Section were presented to the Board, which referred them to a committee to be appointed by the Chair, with the provision that the President be a voting member of the Committee, and that the Director at Headquarters also be a member of the Committee.

Divisions

Not only the A. N. A. Sections received attention at the June Board meetings. The Division also was scrutinized by the Board and discussion centered on the value of the Division as it now is organized. It was emphasized that the value of study groups rather than program groups is being proved, and that, in the opinion of some individuals, divisional programs tend to duplicate the programs of the biennial. Following discussion, a motion was carried that the Chair appoint a committee composed of representatives from all existing divisions to ascertain what these divisions are doing, and to make recommendations as to their functions.

Membership Campaign

The Board voted that some form of recognition be given to that state making the largest percentage of gain during the 1931 membership campaign.

Automobile Insignia

As there seems to be no advantage in having automobile insignia for nurses, as requested by several A. N. A. members, it was recommended by the Headquarters Committee, and ratified by the Board, that it be suggested to such inquirers that the question be taken up with their individual state associations.

Cancer Information

Upon action of the Board, a letter will be sent from Headquarters to the states informing them of the availability of leaflets on the subject of cancer. These will be sent at no cost, and upon request made to the American Association for the Control of Cancer, under whose auspices the leaflets are prepared and distributed.

Institute in West

The Board voted that the Director at Headquarters be authorized to arrange for an Institute for state and district executive secretaries in the Western states, including the Mountain and Pacific states area.

Other Topics

The Board also endorsed "the establishment of a nurse corps in the United States Public Health Service." It heard with pleasure the reading of a letter announcing the passage of a Nurse Registration Act in Porto Rico. "The communication of the A. N. A. President to the Porto Rican Governor recommending the passage of the Bill, no doubt influenced him," the letter stated.

Nurses' Relief Fund

REPORT FOR MONTH ENDING JULY 31, 1930

Receipts

Interest received on investments	$931.25
Interest received on bank balances	137.40

Contributions

Alabama: District 7	1.00
California: State Nurses' Assn.	38.50
Illinois: District 1, alumnae associations—Roseland Community, $13; Grant, $25; St. Anne's, $25; Presbyterian, $50; individual, $13; District 8, Blessing Hospital Alumnae Assn., $30; individual nurses of Quincy, $29.50	185.50
Minnesota: District 2, alumnae associations—St. Mary's, $36; St. Luke's, $58; District 3, Abbott, $72; Asbury, $33; Deaconess, $13; Fairview, $4; General, $1; Hill Crest, $33; St. Andrew's, $1; St. Barnabas, $101; St. Mary's, $67; Swedish, $160; University, $58; individual members, $7; District 4, St. John's, $103; West Side Gen'l, $10; Ancker, $22; Lakeview, $15; individual members, $11; District 6, St. Olaf, $17; District 7, Fergus Falls, $13; District 8, Montevideo, $20	$855.50
Missouri: District 1, Missouri Methodist Alumnae Assn.	4.00
New Jersey: District 1, Orange Memorial Alumnae Assn.	2.00
Oklahoma: District 2, $5; District 3, $7	12.00
Texas: District 16	1.00
Vermont: State Nurses' Assn.	62.00
Wisconsin: District 1, Kenosha-Racine, $41; District 4 and 5, St. Mary's Alumnae Assn., $64; individuals, $7; District 7, $173; District 8, $47.50	332.50
Total contributions	$1,494.00
Total receipts	$2,562.65

Disbursements

Paid to 191 applicants	$2,697.00
Salaries	811.65
	$3,508.65
Excess of disbursements over income for month ending July 31, 1930	$946.00

All contributions to the Nurses' Relief Fund should be made payable to the *Nurses' Relief Fund* and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in the different states. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman, or the Director of the American Nurses' Association, Headquarters, 370 Seventh Avenue, New York City.

The Isabel Hampton Robb Memorial Fund

REPORT TO AUGUST 4, 1930

Previously acknowledged	$35,096.62

Contributions

Iowa: District 10, $5; Mercy Hospital Alumnae, Davenport, $5; Benjamin Hershey Hospital Alumnae, Muscatine, $2.50	12.50
Massachusetts: Hampshire County Branch	10.00
Minnesota: District 3	10.00
New Hampshire: State Association	5.00
Rhode Island: Rhode Island Hospital Training School, Providence	5.00
Vermont: State Association	10.00
Total	$35,149.12

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund

REPORT TO AUGUST 4, 1930

June 12 (last report), Balance	$1,033.82
Contributions	
Iowa: District 10, $5; Mercy Hospital Alumnae, Davenport, $5; Benjamin Hershey Hospital Alumnae, Muscatine, $2.50	12.50
Massachusetts: Hampshire County Branch.	10.00
Minnesota: District 3	10.00
New Hampshire: State Association	5.00
Vermont: State Association	10.00
	$1,081.32
Disbursements	
Loan made	100.00
August 4, Balance	$981.32

($900 of this amount is being sent to candidates whose applications for loans have been approved.)

MARY M. RIDDLE, *Treasurer.*

Army Nurse Corps

During the month of July, 1930, orders were issued for the transfer of members of the Army Nurse Corps to the stations indicated: To Fort Benjamin Harrison, Ind., 2nd Lieut. Anna L. Slater; to the General Dispensary, Boston, Mass., 2nd Lieut. Butnett Campbell; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Bridget A. Mullaney, Mary Scanlon; to Fort Sam Houston, Texas, 1st Lieut. Lyda M. Keener; to the Hawaiian Department, 2nd Lieut. Minerva Musselman.

Six have been admitted to the Corps as Second Lieutenants.

The following are under orders for separation from the Corps: 2nd Lieuts. Thelma A. Kiesel, Mildred A. Burch, Esther C. Dennis, Theresa M. Martinez, Kathryn G. Zink, Lillian Y. Green, Bessie F. Walmsley, Grace E. Housel, Elva L. Schiltz, Sadie M. Zum Brunnen, Alice Bucholz, Leona Klingerman.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

REPORT FOR JULY, 1930

Appointments: Six.

Transfers: To Annapolis, Md., Hazel M. Parks; to Chelsea, Mass., Laura Hartwell; to Fitzsimons General Hospital, Denver, Colo., Grace A. Tucker; to Great Lakes, Ill., Sibyl M. Ackley, Marie C. Boyle, Elizabeth M. O'Brien; to League Island, Pa., M. Winifred March; to Mare Island, Calif., Mary G. Boyce, Ruth Ingram, Sallie Gee Wright; to New York, N. Y., Lillian May Adams; to Philadelphia, Pa., Aircraft Dispensary, Eva B. Moss.; to Portsmouth, N. H., Mary M. Heck; to U. S. S. Relief, Sarah I. Hart; to San Diego, Calif., Nell I. Disert, Nelle M. Alexander, Ruth Abrams, Beulah Taylor, Marjorie C. Wheeler; to San Pedro, Calif., Naval Dispensary, Eunice A. Ryan; to Tutuila, Samoa, Mary J. Jones; to Washington, D. C., Gladys M. Newell, I. Constance Smith.

Separated from the Service: Carolyn Bauerman, Kathleen C. Fitz Simons, Elva M. Foulk, L. Gertrude Jetton, Ruth F. Snell.

J. BEATRICE BOWMAN, R.N.,
Supt., Nurse Corps, U. S. Navy.

U. S. Public Health Service

The following transfers, reinstatements, and new assignments have been made in the U. S. Public Health Service during the month of July, 1930:

Transfers: To Boston, Mass., Mary Isabel Andrews; to Buffalo, N. Y., Laura Wurn; to St. Louis, Mo., Freda Stilli; to Cleveland, Ohio, Rosa Mae Vann, Lenna Davis; to San Francisco, Calif., Edna Wold; to Pt. Townsend, Wash., Hanna Holmquist.

Reinstatements: Katherine O'Hare, Madeline Allen, Elizabeth Batten.

New Assignments: Mae Gambino, Mary Elizabeth Hull, Mary Dowling, Helen McGuire, Martha Allison, Edla Bylin, Florence Correll, Rose Fithian, Novena Morse, Nellie Zipperer, Lois Morgan, Eleanor Abbott, Othilia Mertes, Elsie Henry.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT OF NURSING SERVICE, JULY, 1930

Consolidation of the agencies dealing with veterans' affairs was accomplished during the month of July, 1930. The veterans wanted it, Congress wanted it, the President was understood to be in favor of it and the passage of the law dealing with the world's largest and greatest veterans' organization was expedited. Never before has a measure of such importance been pushed to such a prompt conclusion. The final steps were

taken and unprecedented speed was made possible by the recommendation of President Hoover.

On July 23, Brig. Gen. Frank T. Hines, Director of the Veterans' Bureau, took the oath of office as Administrator of Veterans' Affairs. He immediately designated Edward W. Morgan as Acting Commissioner of Pensions; Col. George E. Ijams as Acting Director of the Veterans' Bureau, and Gen. George H. Wood as President of the Board of Managers of the national soldiers' homes. These are the different agencies consolidated by the new arrangement. Under it General Hines will have charge of expenditures for veterans approximating $800,000,000, yearly. The largest hospitalization program ever known in the world will be carried on by this organization.

The Edward Hines, Jr., Hospital, Hines, Ill., was visited by the Superintendent of Nurses, Mary A. Hickey, during the past month, for the purpose of supervising the nursing activities. The main building of this hospital is the largest single fireproof hospital building in the world. This building was erected through the largest single monetary contribution that a citizen ever made to the United States Government,—that is about $2,000,000. This was given by Edward Hines, Sr., as a memorial to his son and namesake, who died in service during the World War. The Chicago regional office facilities have been combined with this hospital, to accomplish increased convenience of service to the veterans.

During the month of July, 1930, the following-named nurses have been reinstated: Gertrude Smith, Marie Taylor, Mary E. O'Connor, Hannah Flahive, Amelia Eggena, Florence Hegberg.

Assignments: Forty-five.

The following have been separated from the service: Anna M. Aul, Sarah S. Brill, Anna T. Christiansen, Ruie P. Daniel, Elizabeth S. Des Rochers, Florence Eltinge, Grace K. Fairman, Hannah Flahive, Mame P. Freeman, Mabel Olive Gould, Sally H. Gravely, Winnifred Hussey, Anna Jester, Ethel Keitlow, Mary T. Kiley, Myrtle Larrick, Bertha Lips, Clara Noe, Elizabeth T. Norris, Helen G. Peterson, Catherine E. Quinn, Lura J. Ray, Bertha C. Radloff, Sarah E. Rollings, Adeline Roseler, Regina Russell, Amy Schreiber, Mary W. Shay, Odessa Sheppard, Naomi B. Sinclair, Mary H. Twibell, Gladys Varner, Mary Williams.

Transfers: To Edward Hines, Jr., Hospital, Hines, Ill., Elizabeth Dooley; to Atlanta, Ga., Vida Bailey, Emily Crawford, Winnifred Kemp, Letha Hicks, Ethel M. Lee, Verna McGee, Roxie Stewart, Alline Thompson; to Whipple, Ariz., Jessie Pearce; to Jefferson Barracks, Mo., Margaret Bowen; to North Little Rock, Ark., Helen Addis; to Castle Point, N. Y., Mabel Gholston.

MARY A. HICKEY,
Supt. Nurses, U. S. V. B.

U. S. Indian Service

During the month of July, the following changes took place in the nursing personnel of the Indian Service:

Appointments: Eleven.

Separations: Two.

Transfers: To Tacoma Hospital, Washington, Mrs. Beulah E. Swope.

ELINOR D. GREGG,
Superintendent of Nurses.

American Protestant Hospital Association

TENTH ANNUAL CONVENTION, NEW ORLEANS, LA., OCTOBER 17–20, 1930

First Session, October 17, 2 p.m., registration at headquarters, Hotel Roosevelt Auditorium; convention called to order by the President, Rev. Luther G. Reynolds, Superintendent, Seattle General Hospital, Seattle, Wash. "The Duty of the Hospital to the Intern, and the Intern to the Hospital," B. A. Wilkes, M.D., Superintendent Hollywood Hospital, Hollywood, Calif. "The Medical Staff in Relation to Interns," T. Restin Heath, M.D., Superintendent Bethany Methodist Hospital, Kansas City, Kans. Round Table-Subject, "Interns," conducted by J. H. Musser, M.D., Professor of Medicine, Tulane University Medical College, New Orleans. Reports of committees.

Second Session, 8 p.m., "The Perennial Program and Association's Objective," Dr. Frank C. English, Executive Secretary, Hyde Park, Cincinnati, Ohio. "Ten Years of the American Protestant Hospital Association," Dr. Herm. L. Fritschel, Association Historian, Superintendent, Milwaukee Hospital, Milwaukee, Wis. The President's Address, "The Spiritual Impact of the Modern Hospital," Rev. Luther G. Reynolds, Seattle General Hospital.

Third Session, October 18, 9 a.m., "Record Librarians," Betty Gray, R. L., Knoxville

General Hospital, and Southern Field Representative of the Record Librarian's Association. Round Table—Subject, "Case Records," conducted by Superintendent Paul H. Fesler, University of Minnesota Hospital, Minneapolis, Minn. "Practical Economics in Hospital Administration," Superintendent E. E. King, Missouri Baptist Hospital, St. Louis, Mo. "Where Would You Look for Applied Hospital Economy?" John H. Olsen, Business Director, Richmond Memorial Hospital, Princess Bay, Staten Island, N. Y. Round Table—"Foods, Dietetics, Nursing Problems, Etc.," conducted by Superintendent George D. Sheats, Baptist Memorial Hospital, Memphis, Tenn. Reports of Treasurer and committees. Afternoon, recreation and sightseeing.

Fourth Session, 7 p.m., annual banquet, Hotel Roosevelt, E. S. Gilmore, Toastmaster.

Fifth Session, October 19, 3 p.m., "Functioning and Place of the Church Hospital in the Care of the Sick," Superintendent Phillip Vollmer, Jr., Fairview Park Hospital, Cleveland, Ohio. An Open Forum on "Church Hospital Relations." Group Meeting of Denominational Representatives, 8 p.m., "The Presbyterians and Their Hospital Activities," by an outstanding church leader. "The Length and Breadth and Depth of Our Interest," Sermon—Address, Bishop H. Lester Smith, D.D., LL.D., Resident Bishop Chattanooga Area, Methodist Episcopal Church.

Seventh Session, October 20, 9 a.m., Activities of Public Relations Committee; Chairman, Matthew O. Foley, Editor "Hospital Management." "Educational Interests in the Modern Hospital," Rev. J. A. Diekmann, Superintendent, Bethesda Hospital, Cincinnati, Ohio. "The Increasing Cost of Medical and Hospital Care," Willard C. Stoner, M.D., Medical Director, St. Luke's Hospital, Cleveland, Ohio. "Trends in Schools of Nursing," Mrs. Janet Fenimore Korngold, R.N., Director School Nursing, Touro Infirmary, New Orleans. General Round Table conducted by Robert Jolly, Superintendent Baptist Hospital, Houston, Texas. Election and closing business.

Institutes and Special Courses

Missouri: Kansas City.—The three weeks' Institute, arranged by the KANSAS CITY LEAGUE OF NURSING EDUCATION, was held at St. Mary's Hospital Nurses' Home, June 16 to July 3, with Mary E. Gladwin as chief lecturer. The Institute was highly successful from the standpoint of the excellent material which was presented as well as the very good attendance throughout the course.

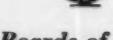
Miss Gladwin gave the same lecture twice daily, in the afternoon and evening, to permit nurses on duty to alternate in attendance. Her subjects were: "Education, Its Concepts and Purposes"; "Educational Tools"; "Administration and Organization of Schools of Nursing"; "The Curriculum"; "Ward Administration and Supervision"; "Methods of Study and Teaching"; "Recitation, Lectures and the Project Method"; "Group Nursing, General Duty, Private Duty"; "Examination, Tests, Scoring"; "Mental Tests"; "Records." Round table discussions were led by Miss Gladwin, Esther Dersch, Cecelia French, Anna Anderson and Anna M. White. Outstanding papers were given by Henrietta Froehlke on "Nursing School Management"; Phyllis Dacey on "Public Health Nursing"; a study on "Rural Public Health Nursing" by Helena Dunham, and the report of research work in Luetic Clinics prepared by Emma Smith. A bag demonstration in public health nursing was given by Mrs. Edith Watkins, and nursing demonstrations were given on different days by the students of the Schools of Nursing of Bethany, Research, Bell Memorial and St. Luke's Hospitals. An interesting and instructive lecture, with pictures, was given by Dr. Katherine Richardson, Supervisor of Children's Mercy Hospital, on the subject of "Cleft Palate and Harelip."

The League is already planning another Institute for next year. It might be added for the benefit of others considering such a project that the Institute, by a charge of $10 for a course ticket for two persons, or 75 cents for a single lecture, more than covered the expenses, and the benefits gained were worth many times over the efforts put into the Institute.

Tennessee: Nashville.—VANDERBILT UNIVERSITY SCHOOL OF NURSING announces the opening of its Public Health Nursing Course on September 25, with the following curricula offered to graduate nurses: (a) A four years' program of study leading to a Bachelor of Science degree (academic credit will be granted for the course of study completed in the hospital school of nursing). (b) A nine months' program of study leading to a certificate. For information address the Dean of Vanderbilt University School of Nursing, Nashville, Tenn.

Wisconsin: An Institute on Supervision, sponsored by the Educational Committee of the WISCONSIN STATE LEAGUE OF NURSING

EDUCATION in coöperation with the Bureau of Nursing Education, State Board of Health, was held in the Nurses' Dormitory, University of Wisconsin, Madison, July 14–19. The program included five lectures on "Psychology" by Dr. Kimball Young, Professor of Social Psychology, University of Wisconsin; five on "Public Health Nursing" by Clara B. Rue, Educational Director, Milwaukee Visiting Nurse Association; five on "Supervision" by Deborah MacLurg Jensen, School of Nursing, Washington University, St. Louis; two on "Sociology" by C. L. Dedrick, Instructor of Sociology, University of Wisconsin. The following subjects were also discussed: "Adult Education," Dr. William S. Middleton, University of Wisconsin; "Relation of Student Selection to Occupational Success," Dr. A. H. Edgerton, University of Wisconsin; "Value of the League to Supervisors," H. Lenore Bradley, Mt. Sinai Hospital, Milwaukee; "Value of Nurses' Bedside Notes," Dr. Malcolm T. MacEachern, American College of Surgeons; "Relationships of Supervisors," Clara M. Bumiller, Mt. Sinai Hospital, Milwaukee. Although the Institute was held for supervisors, especially, it was attended by instructors, superintendents, public health and private duty nurses, one hundred in all. Conferences were held, and a round table on "Charting" by Miss Dennhardt, Assistant Director of the Bureau of Nursing Education. Interesting graphs and charts on the nursing schools of the state showed the average number of patients daily in each hospital, the number of students, graduates, supervisors, instructors, and the percentage of students with high school education. Last year, 95 per cent of the students entering the schools of the state were high school graduates. The Third District Association entertained the delegates. Another institute will be held next year.



State Boards of Examiners

Arizona: An examination for registration of nurses will be held at the State House, Phoenix, October 17 and 18. All applications must be completed and in hands of the Secretary, Minnie C. Benson, by October 1.

Colorado: The COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in the State Capitol Building, Denver, on October 7 and 8. For further information apply to Irene Murchison, Secretary, Capitol Building, Denver.

Maine: The annual examination for registration of nurses will be held at the State House, Augusta, Maine, on the third Wednesday in October. All applicants who desire to be registered at this time must file application, with fee, with the Secretary, Theresa R. Anderson, Box 328, Bangor, Maine, before October 1.

Minnesota: The MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold examinations on Thursday and Friday, October 30 and 31, beginning at 9.00 a.m., in St. Paul, at the New State Capitol, Duluth, at St. Mary's Hospital, Rochester, at St. Mary's Hospital, Crookston, at St. Vincent's Hospital. Applications accompanied by the fee of $15 must be in the hands of the Secretary, Leila Halverson, R.N., No. 207 Old State Capitol, St. Paul, by the sixth day of October, 1930.

Missouri: The MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination in St. Louis and Kansas City, September 19 and 20. Jannett G. Flanagan, Secretary.

North Dakota: The NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold the fall examinations in Bismarck and Fargo, N. D., October 7 and 8. Applications must be in the hands of the Secretary at least ten days prior to the examinations. For further information, address the Secretary, Mildred Clark, Devil's Lake, N. D.

State Associations

California: The CALIFORNIA STATE NURSES' ASSOCIATION, the CALIFORNIA LEAGUE OF NURSING EDUCATION, and the CALIFORNIA ORGANIZATION FOR PUBLIC HEALTH NURSING held jointly their annual conventions in San Diego, July 7 to 11. This convention took on somewhat the features of a navy convention from the fact that it was held at an important naval base on the Pacific Coast, where there is also a naval hospital, and one of the accredited schools for the Naval Hospital Corps. Through the kindness of the Secretary of the Navy, the hospital ship *Relief* was sent to San Diego for the week of the convention, which is but the second time this has been done, the first time being at Portland in 1929 for the American Medical Association. Notwithstanding that Summer Session at Los Angeles was in full swing, with many nurses attending, also that San Diego is at the extreme tip of California, there was an attendance of nearly five hundred. The convention was characterized by several

outstanding features aside from the attractions of San Diego.

Two new districts were received, which increases the number of districts to twenty-six. A trophy was presented for the first time to the district having the largest percentage of increased membership for this current year. This was won by the hostess district, No. 8, San Diego. The trophy is the Nightingale lamp, beautifully hand wrought in hammered copper; it will be awarded at each annual meeting to the successful district.

The office nurses, as an organized body in District 5, made their initial bow in a conference luncheon during which a paper was given conveying amongst other ideas that through organization of office nurses the ideals and aims of the profession might be given to physicians with whom office nurses come into contact in their daily work, thereby assisting private nurses in their quest for more reasonable hours of duty, in legislative work and other nursing projects, where physicians are an active part. This convention was also outstanding in its exhibits. Particular mention should be made of the excellence of the work of the hospital corpsmen, and the official registries, the former demonstrating the work of the Naval School and the latter supply, demand, and distribution of graduate nurses in the various areas covered by the official registries. The range of exhibits was wide and of purely professional and nursing type. No commercial exhibits were allowed.

As in all such gatherings, much work was done at breakfasts, luncheons, and dinners. The Program Committee had been generous in time, allowing four meetings for the House of Delegates, with the result that the business of the organization was given ample attention and comfortably taken care of.

The general session on Tuesday afternoon was most worth while. A paper on "Mental Hygiene" by Ruth Wheelock, Director, Riverside Junior College School of Nursing, was presented and ably discussed. "The Health of the Student Nurse," dealing with her observations made in studying the health situation in California schools of nursing, by Ethel Fisher, was of extreme interest. Miss Fisher's wide experience in dealing with the tuberculosis question in California made her observations and recommendations doubly valuable to those who are responsible for the health program of student nurses.

Everyone who went to the League dinner on Tuesday evening had a good time. As Anne Williamson, the genial toastmistress said, it was a time for light-heartedness and fun. No one could have better fitted into the occasion than Dr. Frederick Woellner, Professor of Education, University of California, Los Angeles, the speaker of the evening. Dr. Woellner spoke on "Tangenitis," and while few knew what tangenitis was before he started, all enjoyed many hearty laughs while he was educating them on the subject.

Too much credit cannot be given to the individuals and schools responsible for the League exhibit. "Trays" was the central theme around which the exhibit revolved. Many of these trays were things of beauty and instructive and useful as well as beautiful. Special mention should be made of the sketches and pen-and-ink drawings made by the students of the Naval Hospital Corps of the Naval Hospital, San Diego.

Dr. Walter M. Dickie, Director, California Department of Public Health, gave an excellent paper on the Crippled Children's Act in California. In his discussion of poliomyelitis, Dr. Dickie stressed especially the fact that massage and manipulation should not take place until all swelling and inflammation have subsided. Dr. Alexander M. Lesem, county health officer of San Diego County, was the principal speaker at the Wednesday morning breakfast. Dr. Lesem presented in a concrete and forceful way the subject of more education for the public health nurse. He believes that more of the nurse's time should be spent in the home and less of it in the clinic. He stressed the fact that the quality of a visit is of the utmost importance and that we have been inclined to emphasize rather the quantity of visits. The afternoon session was conducted jointly with that of the private duty group. The economics of nursing was ably discussed by Mrs. M. G. Luck, of the University of California. Dr. E. K. Shelton, who is associated with Dr. William Engleback in his research on endocrinology, showed some interesting slides on the influence of glands in growth and development.

The Thursday morning breakfast for school nurses was well attended, and the subject of the school nurses' place in the field of education provoked considerable discussion. The results of a questionnaire which had been sent to a large number of school nurses brought out the general impression that certain educational standards should be required of school nurses comparable to that of teachers. At present each school system seems to be a law unto itself in this respect.

Helen A. Sparks, Sutter Hospital, Sacramento, was elected President of the California League of Nursing Education. There was

no other change in the state officers. The Association starts its twenty-eighth year with the promise of fine leadership in its many projects outlined for this period.

Indiana: Among the speakers who will appear on the program at the annual meeting of the INDIANA STATE NURSES' ASSOCIATION, to be held at West Baden Springs, September 26 and 27, are the following: Anna Heisler, Professor of Public Health Nursing, Washington University, St. Louis, whose subject will be: "What More Does a Public Health Nurse Need to Know"; Ruth Waterbury of the Metropolitan Life Insurance Company; Mary M. Roberts, Editor of the *American Journal of Nursing*. Some of the subjects to be discussed are: "Experiments under Way in Hourly Nursing," "Saving Schemes," "Plan of Relief-Giving," "What Shall I Read?" "How to Tell It to the Public," "Probable Results of the Grading Committee," "Records for Schools of Nursing." There will be two luncheon round tables—one for presidents, secretaries and treasurers of district and alumnae associations on Friday, September 26, and one for industrial nurses on Saturday, September 27. Some unusual films will be shown as another feature of the program. Henrietta Landau, Assistant Director of Public Health Nursing, as chairman of the exhibits, is planning something extraordinary.

Kansas: The KANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in Manhattan, October 8–11.

Louisiana: The annual meeting of the LOUISIANA STATE NURSES' ASSOCIATION will be held October 30 and 31, at the Virginia Hotel, Monroe, preceded by a meeting of the Advisory Council and the Board of Directors on the afternoon of October 29. Nurses are requested to make reservations early.

Minnesota: The annual meetings of the MINNESOTA STATE REGISTERED NURSES' ASSOCIATION, the MINNESOTA STATE LEAGUE OF NURSING EDUCATION and the STATE ORGANIZATION FOR PUBFIC HEALTH NURSING, will be held in St. Paul at the St. Paul Hotel, October 15–18. The Minnesota State Registered Nurses' Association will celebrate the 25th anniversary of its organization by special features on the program, honoring the charter members and inspiring the younger ones. The program will be published in the October *Journal*.

New York: The annual meeting of the three NEW YORK STATE NURSING ORGANIZATIONS will be held in Syracuse, October 21–23, at the Hotels Syracuse and Onondaga. Subjects of interest to every group will be presented by: Dr. Allan Craig, formerly an Associate Director of the American College of Surgeons; Elinor Gregg, Supervisor of Nurses, U. S. Indian Service; Amelia Grant, Louise Knapp, Mrs. Linzee Blagden, Mabelle S. Welsh, of New York City; Mary E. Gladwin, of Akron, Ohio; Gladys Sellew, Instructor, Cook County Hospital School of Nursing, Chicago; Emma Grant Meader, Ph.D., Troy; Mrs. Roessle McKinney, Brooklyn, and Dorothy Deming of the *Public Health Nurse*. Among the subjects to be discussed will be supervision, group nursing, publicity and the Relief Fund. The Private Duty nurses will meet to form a section. Oxygentherapy and a portable bed tent will be demonstrated. Breakfasts and luncheons have been arranged for the various groups, as well as visits to hospitals and public health center. Hotel reservations should be made early. Reduced railroad rates will be available.

South Dakota: The fourteenth annual convention of the SOUTH DAKOTA STATE NURSES' ASSOCIATION was held in Rapid City, July 28–30, with headquarters at the Alexander Johnson Hotel.

Monday morning was devoted to registration and board meeting. A general session was held in the afternoon, with the following program: Address of welcome, Carrie Clift, Rapid City; response, Mrs. Anna Haugan Berdahl, Sioux Falls; address, Mary E. Gladwin, Akron, Ohio. The latter part of the afternoon was given over to the Private Duty Section. A paper on "How Hourly Nursing Fills a Long-Felt Need in Homes, and Bag Technic of the Hourly Nurse" was presented by Gertrude Thompson, Watertown. A talk on "What the *Journal* Means to the Private Duty Nurses" was given by Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*. All were delightfully entertained at the Rapid City Country Club in the evening.

Tuesday morning the Public Health Section presented the following speakers: Mrs. Walter McNab Miller, American Child Health Association, Washington, D. C., "May Day"; Mildred Smith, American Association for the Prevention of Blindness, New York City, "Eye Conservation"; Bessie Nickols, Field Representative of the Red Cross Nursing Service. Florence E. Walker, President of the South Dakota State Nurses' Association, gave a report of the Biennial Convention held at Milwaukee. The afternoon session was in the form of a business meeting and election of officers. The following officers were elected: President, Florence

E. Walker, Waubay; vice presidents, Elizabeth Spitzer, Rapid City, and Anna Olson, Webster; corresponding secretary, Agnes B. Thompson, Madison; recording secretary, Carrie E. Clift, Rapid City; treasurer, Beth Olson, Mitchell; auditor, Sister Juliana, Yankton. In the evening a banquet was held at the Alexander Johnson Hotel.

On Wednesday, the Nursing Education Section had its meeting and presented the following program: "Standardization of Hospital Equipment," Sister Mary Conception, Aberdeen; "Method of Teaching," Mary E. Gladwin, Akron, Ohio; "The *American Journal of Nursing*, Its History and Use," Dora M. Cornelisen of the *Journal* Staff. The convention was brought to a close after a short business meeting.

Wyoming: The twenty-first annual convention of the WYOMING STATE NURSES' ASSOCIATION was held in Kemmerer, in the American Legion Club rooms, June 27 and 28, with thirty-eight nurses in attendance, several of whom had driven over four hundred miles to attend the meeting.

Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*, gave a most comprehensive report on the Relief Fund and interesting facts about the *Journal*—the need of its being a part of the individual nurse's equipment. The Biennial Convention report was given by Anna Grace Williams of Cheyenne, the state delegate. Mrs. H. C. Olsen, Cheyenne, Secretary of Wyoming State Board of Nurse Examiners, gave a most interesting and encouraging paper on the first survey and evaluation of Wyoming Schools of Nursing which was made last fall by Phoebe M. Kandel, formerly Educational Director of Nebraska. She also reported many improvements in the various schools. Mrs. Freida Bailey, Casper, reported on the Public Health Organization that was founded last October, and spoke of its infancy and need of support. Mrs. Etta M. Dobbin, Cheyenne, Executive Secretary of Wyoming Tuberculosis Association, submitted a complete résumé of the year's work of the organization, and of the chest clinics that have been held throughout the State.

Plans were made and a committee appointed to develop and publish a monthly bulletin for the State Association. Plans were also formulated to provide for the President of the Association to visit each district once during the year in order to establish contact with all nurses, keep interest stimulated and give all nurses a definite part and responsibility in the program of the Association. Officers elected for the coming year are: President, Mrs. Reba C. Parnell, Cheyenne; vice president, Mrs. Grace Marquis, Kemmerer; secretary, Anna Grace Williams, Cheyenne; treasurer, Mrs. Harvey Fearn, Kemmerer.

At the close of the convention all of the nurses traveled overland by bus to Bear Lake, Idaho, where dinner was served at the Idle Wild Hotel. It was the consensus of opinion that the convention was the most satisfactory and enjoyable the members have ever attended.

District and Alumnae News

Alabama: Gadsden.—The second quarterly meeting of DISTRICT 7 was postponed from June 11 to July 9 in order that the entire district might have the privilege of hearing the report of Meta Gould, who represented District 7 as delegate to the Biennial Convention of the American Nurses' Association. Hourly Nursing was discussed and the Printing Committee was instructed to have rate cards published for distribution to all the physicians in the seven counties. Each private duty nurse is to buy these from her Unit secretary to present to patients to avoid misunderstandings. The third quarterly meeting of District 7 will be held in Anniston, September 10.

Georgia: First District, Savannah.—Twelve new and one renewal memberships have been accepted. **Fifth District, Atlanta.**—The midsummer meeting was held in July, Lillian Alexander presiding. Reports of the Biennial Convention were given. **Sixth District, Macon.**—Three new members have been accepted. At a recent meeting when the Macon Hospital Alumnae were hostesses, reports of the Biennial Convention were given. The annual meeting will be held in October.

Louisiana: New Orleans.—Louisiana nurses were well represented at the Biennial Convention of the American Nurses' Association. During the summer months the NEW ORLEANS DISTRICT ASSOCIATION is concentrating on social activities rather than professional, and is drawing the attention of the public to the aims and accomplishments of its organization.

Michigan: Benton Harbor.—The MERCY HOSPITAL held graduating exercises for a class of four, August 11, at the First Congregational Church. The address was given by Dr. C. N. Sowers.

Mississippi: Laurel.—The quarterly meeting of the ALUMNAE ASSOCIATION OF SOUTH

Mississippi Charity Hospital was held July 15 at the Y. W. C. A. The subject of the meeting was "Being up to Date in Nursing and Medical Procedures," and the following papers were given: "Sodium Amytal," Mrs. Sarah D. Vance; "Psittacosis," Jessie Mae Lewis; "Malta Fever," Vera Mae Ridgeway. General discussion of the several papers, mention of the question of employing married nurses, more general study of the *American Journal of Nursing*, and use of the daily newspaper as a widening factor in every-day things other than nursing, was discussed by Bertie G. Jones.

Missouri: Springfield.—To earn their quota for the Grading Committee Fund the nurses of District 4 presented The Saroff Marionettes at an outdoor evening performance August 1. St. John's Hospital Alumnae Association won the contest for selling the most tickets.

North Carolina: District 1, Asheville, held a regular meeting on July 9. Some readjustments in regard to alumnae representation on the Registry Board were suggested and discussed. Two additional members were elected to represent the private duty nurses whose alumnae associations were not affiliated with the District Association. Articles from the July issue of the *American Journal of Nursing* on Registry Problems were read by Esta Kirk and brought out active discussion.

The outstanding feature of the meeting was the very comprehensive and interesting report of the Biennial Convention in Milwaukee, given by Luella Christman. **District 5, Durham.**—The Watts Hospital Alumnae held its quarterly meeting on July 31 when the treasurer reported that $192 had been cleared on an entertainment given for the benefit of a sick member. Resolutions were made to adopt the members of the incoming class of the School of Nursing as "little sisters" of the Association and to have a member of the Alumnae Association give special instruction to the Senior Class each year, on "Alumnae Organization." The new copies of the Constitution and By-laws were distributed.

Wyoming: Kemmerer.—The regular meeting of District 6 was held July 11, and the following officers elected: President, Mrs. J. Gilchrist; vice president, Mrs. M. Fitzpatrick; treasurer, Mrs. G. Molinar; secretary, Lucille Gilchrist.

A Correction

ELIZABETH M. GRENNAN, whose report of the Somera case appeared in the June *Journal*, asks us to correct the statement made in that issue to the effect that she is Superintendent of Nurses at the Mary Johnston Hospital in Manila, P. I. Miss Grennan is responsible for the educational program of the nursing school in the Mary Johnston Hospital, a position which carries the title "Principal of the School of Nursing."

Deaths

Eva Cunningham (class of 1897, Memorial Hospital, Brooklyn, N. Y.), on August 1, at Savannah, Ga. Miss Cunningham was a charter member of the Georgia State Nurses' Association and was for many years a private duty nurse. During the past ten years she had done public health nursing and endeared herself to many associates. She will be missed in and out of the profession. Her fortitude in suffering evidenced the same stalwart qualities that she exhibited through her long and useful life.

Ella M. Johnstone (class of 1898, Christ Hospital, Jersey City, N. J.), in June, at Savannah, Ga. Miss Johnstone was a charter member of the Georgia State Nurses' Association and the first President of the Board of Nurse Examiners of Georgia. As private duty nurse, as nurse at the Fresh Air Home during many summer sessions at Tybee Island, and as resident nurse for the Western Union Telegraph Company, Miss Johnstone's services were kindly and thorough. Her many friends among nurses and patients will miss her counsel and presence.

Minnie A. Lucey (class of 1904, Orange Memorial Hospital, Orange, N. J.), on July 9, at Montclair, N. J. Following postgraduate work at the California Hospital, Miss Lucey spent thirteen years in nursing and observation work in Paris, London, and Dublin, later studying at the Pasteur Institute in Paris and St. Mary's Hospital, Paddington, London. On her return, she became associated with the Baldwin Street Community House, Montclair, and devoted sixteen years to its welfare problems. Miss Lucey was a pioneer in Americanization work in Montclair, leading many movements to bring about better home conditions in the congested sections of the city. The scope of her efforts touched the lives of thousands, bringing charitable aid, counsel and assistance in the solution of social problems.

Ethel M. Martin (class of 1918, Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa) on July 29, in Los Angeles,

Calif., from a three years' illness. Burial was in Council Bluffs, Iowa.

Miss Martin did private duty for a short period, then accepted a position as record nurse in her Alma Mater. She took a short course in record work in Chicago, then went to the Childrens' Hospital in Los Angeles, where she worked until her physical condition made it necessary for her to enter a sanitarium. Miss Martin was very close to her California and Iowa nurse friends and they are missing her sorely.

Mrs. Bertha McLain (graduate of the Rebeccah Hospital, St. Louis, Mo.), in June, in St. Louis. Mrs. McLain was president of the Rebeccah Hospital Alumnae Association.

Lillian A. Parker (class of 1898, Christ Hospital, Jersey City, N. J), on August 1, at Knickerbocker Hospital, New York City, following a heart attack while on her way to visit friends in New York State. Miss Parker was a faithful nurse and was always cheerful.

Helen Pemberton (class of 1920, Morningside Hospital, Tulsa, Oklahoma). Miss Pemberton was President of her Alumnae Association and a very active member; she will be missed by all.

Agnes Rutherford (class of 1894, Grace Hospital, Detroit, Mich.), in July, at Kansas City, Mo., from Parkinson's disease. After her graduation Miss Rutherford located in Kansas City as a private duty nurse, and for almost three decades she was active, prompt and watchful in the cares entrusted to her. For a number of years she had charge of the Junior League Home of Kansas City, and the influence she had on the moral, social, and religious lives of these little children will ever remain good. She was a wise, modest woman —one of the most loved of the pioneer nurses of Kansas City.

Mrs. Marian A. Archer Spiess (class of 1910, Jewish Hospital, St. Louis, Mo.) on July 31, at St. Louis.

Mrs. John Wade (Caroline Garnsey, class of 1922, Children's Hospital, Boston, Mass.) on August 4, at Seneca Falls, N. Y., after a Caesarian section, at the birth of her son.

Miss Garnsey after graduation held a staff position at the City Hospital, Ithaca, N. Y., and was later Superintendent of the Seneca Falls Hospital, Seneca Falls, N. Y. She left this position to become Executive Secretary of the New York State Nurses' Association, a position she held for two years, until her marriage a year ago. Some months previous, Miss Garnsey's spine was injured in an automobile accident which occurred while she was on her way to address a class of students. Months of pain and disability followed, borne with courage and hope, but impatient of delay she returned to her duties before she was fully recovered.

Miss Garnsey had a joyous nature, quick sympathy, the habit of seeing the best in everything and in every one. She will be greatly missed by hundreds to whom she had been an inspiration. Her short married life was spent in Memphis, Tenn.

The Nurse Herself

BE students still; be students always. Keep up your old interests; drop none if you can help it. Keep up your music, your art, your hobbies, your tastes, your religious feeling, your sense of wonder and worship, your enthusiasms, your youthful feeling of the goodness of life. Above all, keep up your general reading.

Be persons as well as nurses. Indeed, you must be persons if you are to be worth-while nurses. If you narrow your whole thought to nursing, your nursing will fail through hopeless narrowness. You cannot understand even the work of your hands unless beyond it you can see life and the world. Don't waste time. Redeem your time. Buy back, that is, your odds and ends of time, by careful planning, for your own high uses. As students in hospital you had lecture hours and study hours arranged for you, and the varied incentives of examinations, graduation, medals, diplomas, bouquets. Now that you are workers, if you find culture at all, it must be in the odds and ends of your time, and your incentives must be within yourselves. Here, as elsewhere, if there's a will there's a way. And here, as elsewhere, if there's no will, and therefore no way is found, and no achievement gained, the blame can be thrown, not upon lack of opportunity, but upon lack of will. The fatal lack is the lack of motive. Whatsoever thy hand findeth to do, do it with thy might.

Finally, "whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things."—From "The Nurse Herself." An address at the Graduation of Nurses of the Winnipeg General Hospital, May 28, 1930, by David A. Stewart, M.D.

About Books

ESSENTIALS OF PEDIATRIC NURSING. By Ruth Alice Perkins, R.N. 364 pages. Illustrated. F. A. Davis Company, Philadelphia. 1930. Price, $2.75.

THE word "essentials" in the title of this book gives the keynote to its content. It is selective rather than comprehensive. The author limits her content to what she feels can be covered in a twenty- or thirty-hour course. From the topics which she chooses for treatment, she selects those she deems most important for detailed description and passes briefly over the others. The last chapter in the book contains two outlines for courses of teaching in Pediatrics, one for a twenty-hour course and one for a thirty-hour course. The content of the book is well adapted to meet the needs of the outlined courses.

There are twenty-one chapters in this book. Of these, five are devoted to nutrition; two to psychology; one to the teaching program; one to the care of premature infants; eight to the principal children's diseases. The diseases are classified into separate chapters, according to type. After each chapter are five to ten excellent references to well-known pediatric texts, current periodicals, and recent books on related psychology and sociology. Also at the end of each chapter are four to seven thought-provoking questions or problems related to the material in the chapter.

One of the outstanding characteristics of the book is the constant reference to the psychological aspects of each phase of the work, with innumerable practical suggestions which are interestingly and forcibly presented and which the student should be able to use on the wards. In the two chapters definitely devoted to psychology, are described eight types of children with practical suggestions as to how to deal with them and favorably to modify their behavior. Enough illustrations are given of standardized tests to give the student an intelligent understanding of the meaning of the "mental age" and the method of determining it.

Of the five chapters devoted to nutrition, one contains over fifty well-selected recipes which give not only ingredients but specific directions as to method of preparation. They cover infant feeding and the preparation of vegetables, meats, fruits, and desserts for infants and children of all ages. The author designed this chapter to be of special help to private duty nurses. The other chapters have the usual content with excellent suggestions as to the preparation and arrangement of trays for older children and the psychological aspects of feeding them. The chapter on nutrition in infancy seems to pass very lightly over the formula for a well baby, being illustrative and explanatory rather than giving adequate directions for computation. It is implied that the only reason for a nurse learning to compute a formula would be to prescribe feedings, which is outside her province. This seems inconsistent in view of the fact that very specific

directions are given for the amount and rate of increase of premature babies' formulas which should surely be prescribed by the doctor for each individual case. Shouldn't the student nurse know how to compute an average formula for a well baby, not perhaps so much that she may be able in an emergency to suggest a reasonable temporary formula for a well baby, as to have this knowledge as a standard for future judgment of formulas which should be referred to the doctor?

In the chapters on diseases the outstanding symptoms, treatments, and nursing care are briefly described; in many instances, the most important points being numbered and listed in columns. Where the disease presents its own psychological problem, helpful suggestions are given. One very helpful chapter contains a concise practical guide for the student in observing symptoms.

In chapters on hygiene excellent plans for the daily régime are presented. Menus for children and infants of various ages are also included.

One of the good features of the book is its illustrations. Two colored plates give the reaction to Schick and Tuberculin tests and four show types of stools. The later do not seem to represent the conditions very adequately. The uncolored pictures are fifty-five in number and illustrate very clearly various outstanding children's diseases, nursing and medical procedures, routines, apparatus, and equipment.

Other excellent features are the charts and diagrams. These include charts showing the relative amounts of vitamins in various foods, lists of equipment, normal development and growth, caloric values, hours of sleep required, and stories and toys suitable for various ages.

This book covers the essentials for the student and also gives her ample references for enlarging her knowledge if she wishes to do so. It should be of value to the teacher and the private duty nurse. Its most outstanding characteristic is its clear and simple treatment of the psychological problems involved in childhood.

MAUD C. KELLEY, R.N.
New York

MATERIA MEDICA FOR NURSES. Third edition. By Edith P. Brodie, A.B., R.N. 283 pages. C. V. Mosby Company, St. Louis. 1929. Price, $2.00.

THIS third edition of *Materia Medica for Nurses* "is being launched with the hope that it will meet in a comparatively simple but efficient form the demand for a brief, accurate and scientific treatment of the drugs most often administered by the student nurse" and, one supposes, continues the aim of the original and second editions to provide the student with an adequate working knowledge of the subject.

The first third of the book provides the text material for the elementary materia medica course. The remaining 193 pages (which include 44 blank pages for note making) provide the subject matter intended to give this "working knowledge" of materia medica. There are no illustrations.

The chapter headings show the inclusion of the routine material for such a text except the special therapeutics other than serum, vaccine, and allergen. On looking over a new edition one naturally seeks for text material covering the developments in the field since the last edition. It would seem that ray therapy has been widely enough used to merit mention, likewise the use of other forms of physical therapy has increased. The

present wide use of spinal anesthesia, buffer solutions, et cetera, all have nursing aspects for which the student needs a working knowledge.

In presenting this material the author has achieved with marked success her aim of simplicity. In fact this very virtue almost seems to become a vice when this conciseness brings with it too much condensation.

The brevity which is sought is also attained. The author has aimed to include only those drugs most commonly administered. In selecting a text to put into the hands of the students, it needs to be determined, however, whether it is brevity or completeness that is of greater value as a helpful guide to students. The brevity attained here might in some instances seem an incompleteness.

The scientific accuracy of the book would be more convincing if there were some footnotes or bibliographical reference lists at the end of each chapter to show us the authority the author had chosen for the moot points.

In choosing a text for this subject one looks not only for these attributes of simplicity, brevity, and accuracy but also for a discussion of what the drug does, why it does it, when it is likely to be used, and the size and method of administration of the dose. It is to be regretted, therefore, that explanation of the action of the drug is given little emphasis in the organization of the subject matter. For example, on page 179 under "Action and Uses of the Digitalis Group," the first sentence is: "All members of this series are more or less irritating when applied locally and when taken by mouth may cause nausea, vomiting, and diarrhea." It is not till the last sentence in the paragraph, eighteen lines away, that the explanation "Stimulation of the vomiting center often causes vomiting," is presented.

The special points in administration of drugs which make the difference between good and poor nursing here are omitted in several important places, for example: Bromides, respiratory demulcents and expectorants, and Dover's powders.

The author has succeeded in meeting the aims especially ascribed to this third edition. Good teaching in the classroom plus generous use of reference material and full use of the blank pages in supplementary notes would seem necessary to provide the student with adequate working knowledge.

MARTHA RUTH SMITH, R.N.
New York

AN INTRODUCTION TO THE STUDY OF HUMAN ANATOMY. By Robert James Terry, M.D. 307 pages. Macmillan Company, New York. 1930. Price, $3.50.

THIS book is a dissection manual for medical students. The content consists of an outline for dissection of the human body. The directions are clear, concise, and detailed.

As to its worth in a course in Anatomy and Physiology in a school of nursing, the only school where this outline could be of value would be one in which cadavers are used in teaching the anatomy of the human body. The only value it might have to an instructor who uses the usual laboratory equipment, *i. e.*, manikin, models, and skeleton, is in the excellent translation of Latin terms.

A manual which precedes each dissection by a detailed description of the part to be dissected, accompanied by good illustrations, is more valuable teaching material even where the cadaver is not used.

EDNA PLAMBECK, R.N.
New York

THE MONEY VALUE OF A MAN. By Louis I. Dublin, Ph.D., and Alfred J. Lotka, D.Sc. 264 pages. The Ronald Press Company, New York. 1930. Price, $5.

THOSE who are familiar with the statistical bulletin of the Metropolitan Life Insurance Company, and others, will welcome this book, the aim and purpose of which, according to the introduction, is

> from first to last essentially and fundamentally practical. We are concerned here with man as a wage earner, the supporter of himself and, in the normal case, of a family through a large fraction of life.
>
> Its purpose is to show, by specific figures directly applicable to the individual, the value of man as a wage-earner; how much life insurance he should carry; compensation for personal injury; losses due to physical handicaps, accident, and disease; the residual value of an impaired life; how "health work pays" the community; and other aspects of the economic value of a man.

HISTORY OF THE ILLINOIS TRAINING SCHOOL FOR NURSES. By Grace Fay Schryver. 249 pages. Illustrated. Published by the Board of Directors of the School, Chicago. 1930. Price, $1.50, plus twenty cents postage.

FEW pages of nursing history are more vividly dramatic than those of the Illinois Training School for Nurses. This is the school which, after forty-nine years of notable work, laid down its life for a principle, the principle that a school of nursing should find a place in a university. The alumnae of "I. T. S." will become "associates of the School of Nursing of the University of Chicago."

Mrs. Grace Fay Schryver, class of 1891, tells the story with admirable restraint but with sufficient amplitude of quotation from historic documents to satisfy the eager searcher for outstanding facts.

This school, always under control independent of the hospital (Cook County and for a period the Presbyterian also) in which its students practiced, pioneered in many ways. It was, for example, the first to accept students in affiliation. Its supreme act lay in transferring its property to the University of Chicago, in order that a school of nursing might be established in that famous institution.

The Illinois Training School graduated 1,845 nurses, many of whom reached pinnacles of real eminence in the profession. The volume is not too profusely illustrated, but portraits of Isabel McIsaac ('88), Idora Rose (Scroggs) ('89), Helen Scott Hay ('95) and Mary C. Wheeler ('93) and others, will serve to remind those of other schools of some of the contributions of this great school to the profession.

The book will be valued not only by the alumnae of the school and by those who have followed in their footsteps, but by all teachers of the history of nursing.

M. M. R.

A WORK BOOK AND OUTLINE OF ANATOMY AND PHYSIOLOGY FOR STUDENTS IN SCHOOLS OF NURSING. By Muriel L. Thomas, R.N., B.S., A.M. 203 pages. W. B. Saunders Company, Philadelphia. 1930. Price, $1.25.

THIS book is divided into thirty lessons, each of which is planned to cover one class and a one-hour laboratory period. However, if the book is to be used for a course of more than sixty hours, the author states in her foreword the material "may be expanded and still retain its organization." Both the order and the content of the work book follow in most respects that of the subject matter in Williams' *Textbook of Anatomy and Physiology*. The content of the

subject matter is slightly increased. Some of the main additions include a study of the plant cell, a more complete classification of joints, and almost an entire lesson on the chemistry of foods.

At the beginning of each lesson several problems are stated for the student's consideration. These are followed by a series of questions with necessary blanks for answers. The questions do not always have any apparent relation to the problems and are not arranged in such a way that the resulting answers will give the student an organized outline of the subject matter read. The questions are followed by two short tests of the objective type; true and false, completion, multiple response, pertinent statement, and matching. In some lessons as many as twenty questions are given, in others as few as ten. Following the tests is a well-chosen list of references. The remainder of the lesson is devoted to laboratory work which consists of microscopic examination of tissues, dissection of a few organs and two small organisms, and a few simple experiments. Brief directions for the work are given in some cases; in other lessons the student is assigned exercises and questions from Williams' textbook. Space for recording the results of the laboratory exercise or answers to the questions follows the directions. By answering the questions, performing the test exercises, and recording the laboratory experiments, the student is expected to complete for herself an outline of the course which will be supplemented by her summaries of the references read. No space is allowed for these summaries in the work book.

The adoption of such a work outline might be of value to an instructor if it were possible to use an outline written for another instructor's course of study, taught by a different instructor to a group of pupils with varying backgrounds and needs. To adapt a course of study to the work outline would require considerable change not only of the Anatomy and Physiology course, but of other courses in the curriculum.

In this case, for example, the problems given are in many cases problems pertinent to hygiene. These would, therefore, make unnecessary duplication if the curriculum included a course in this subject. The classification of carbohydrates and proteins, the discussion of the sources and functions of vitamins, are often integral parts of courses in chemistry and nutrition. The use of this outline in schools where these units are included in other courses would necessitate either the omission of these sections from the outline or modification of the other courses in the curriculum to fit the outline.

The tests, scarcely more than drill exercises since the student has access to her text, might be an excellent means of drill if sufficient questions were given. The maximum number given is twenty. In most lessons there is some duplication in the two tests; so the student receives drill on only a comparatively small number of the details of the lesson. For example, in Lesson I, six true and false and five matching questions are given. Three of the true and false questions are duplicated in the matching test. Consequently but eight questions remain to test the subject matter of the first two chapters assigned in Williams'. The emphasis in this lesson is entirely on the cell and its embryological origin. Questions and drill in any form on terminology, divisions, cavities, organs, and systems of the body are omitted.

Among the questions the author has

included many for correlation with other courses in the curriculum. Most of these questions pertain to the advanced nursing courses and very few to the course in Nursing Principles and Practice. The student is not guided, therefore, to see the immediate need for or use of Anatomy and Physiology. Instead, such questions as the following are included for the preclinical student's consideration:

> What is the Argyll Roberts on pupil and of what is it diagnostic?
>
> In what type of diseases might edematous breathing be heard?
>
> What is the difference between a therapeutic abortion and a criminal abortion?

From the student's point of view the value of a printed work book might be questioned. It is possible that some students might benefit by such a book, but completed outlines will always be available for borrowing, and nursing school classes, like other classes, will doubtless include weaker students who find it easier to borrow outlines than to solve problems for themselves.

The author states in her foreword that the work book has been used successfully for two years in her course. Since it was designed for that particular course this could not be doubted, for the idea of a work book and study outline is an excellent one when the outline is suitable. However, if any student kept in a well-organized notebook the page assignments, the answers to the problems, and questions given with her assignments, the class tests, the summaries of the reference readings, and added to this her laboratory notebook, she, too, would have a work book and outline of her course in Anatomy and Physiology. It would not be a printed, unchanging outline which every student to come would duplicate, but it would improve as the instructor's technic improved, would vary in problems and assignments as the needs of the students varied, and would be easily adapted to correlate more closely with changing routines in nursing procedures and reorganized courses in other subjects in the curriculum.

RUTH SLEEPER, R.N.

Ohio

THE PRINCIPLES OF SURGERY FOR NURSES. Second edition. By M. S. Woolf, M.R.C.S. 355 pages. Illustrated. W. B. Saunders Company, Philadelphia. 1930. Price, $3.00.

In *The Principles of Surgery for Nurses*, by M. S. Woolf, we are given, in a compact, concise, form much information helpful to surgical nursing. The book contains, as Dr. Woolf states in the preface, "less than a medical student's text book and more than a work on technic."

The book deals with sepsis, antisepsis, surgical shock, and anesthesia. It deals with the body, showing how each part functions, how each part can be congenitally abnormal, and how it can be attacked by disease. The well established surgical treatment for the condition is given.

The Principles of Surgery for Nurses cannot be used directly in teaching surgical technic, or in teaching preoperative or postoperative care of patients, but it is of great value as a reference book in teaching any branch of surgical nursing. It gives the student an understanding of the case, its anatomy, symptoms, diagnosis, and treatment.

The material is presented simply, clearly, and in an interesting manner. *The Principles of Surgery for Nurses* should be read by all who are practicing surgical nursing.

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